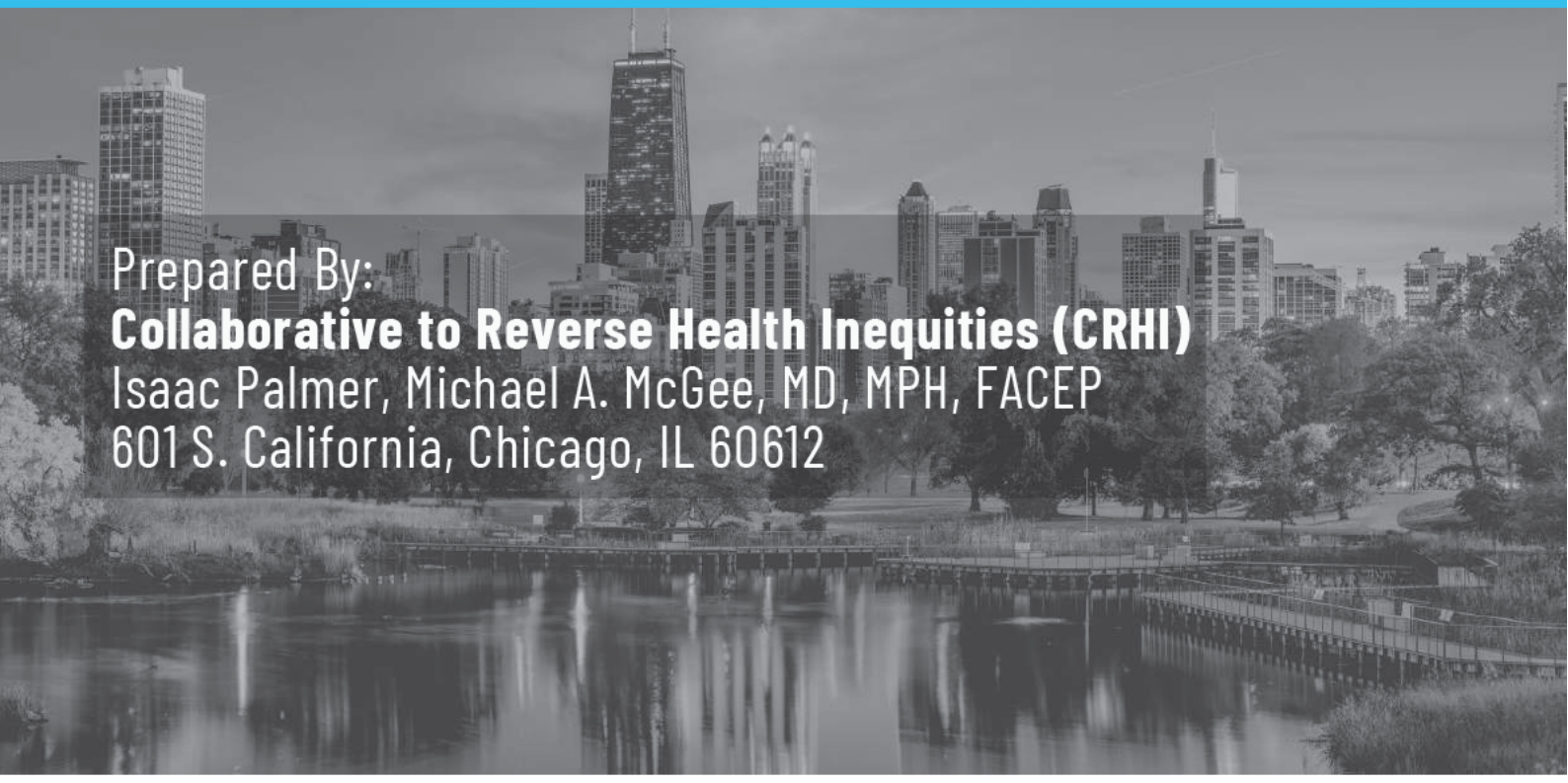
Combining Community Resources
Galvanizing Outcome-Based Support

COLLABORATIVE TO REVERSE HEALTH INEQUITIES

REVERSING HEALTH INEQUITIES IN CHICAGO

Illinois Department of Healthcare and Family Services (IHFS) | Health Transformation Collaboratives



Prepared By:
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COLLABORATIVE TO REVERSE HEALTH INEQUITIES

EXECUTIVE SUMMARY

PREMIER HEALTH NETWORK

MATCH FOUNDATION

COLLABORATIVE TO REVERSE HEALTH INEQUITIES

TABLE OF CONTENTS

LETTER OF INTENT 9

EXECUTIVE SUMMARY 11

COMMUNITY INPUT 13

DATA & DESIGN 16

HEALTH EQUITY & OUTCOMES 19

QUALITY METRICS 20

CARE INTEGRATION & COORDINATION 26

ACCESS TO CARE 30

SOCIAL DETERMINANTS OF HEALTH 31

PROPOSED BUDGET 33

MILESTONES 34

RACIAL EQUITY 41

MINORITY PARTICIPATION 44

JOBS & SUSTAINABILITY 46

GOVERNANCE STRUCTURE 49

SUPPORTING DOCUMENTATION 64

- Letters of Commitment 66
- Letters of Support 92
- MOUs/Agreements/Resumes 119

Application for Transformation

Funding Cover Sheet

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COLLABORATIVE TO REVERSE HEALTH INEQUITIES

April 5, 2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East
Springfield, IL 62763

RE: Health Transformation Collaboratives – CRHI Letter of Intent

Dear Committee Review Team:

As Co-Chairs of the **Collaborative to Reverse Health Inequities (CRHI)** and President of The MATCCH Foundation (MATCCH), in collaboration with Michael A. McGee, MD, MPH, FACEP, of Premier Health Network and Co-Chair of CRHI, we are proud to present our letter of intent in supporting the IHFS Health Transformation Collaboratives Program. On behalf of nine (9) subrecipients dispersed throughout the Chicagoland area, we are excited to utilize our collective manpower, support staff, health resources, and programming to make a lasting and impactful difference throughout a host of Chicago area communities in the State of Illinois.

Our team is ready, willing, and able to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities in the Chicagoland service areas. From transitional care to health fairs to galvanizing faith leaders like Bishop Walker presiding over the Church of God in Christ's Northern Jurisdiction to Rev. Larry Bullock, President of U.S. Minority Contractors Health & Innovation Division to community-based organizations (CBOs) like Project Outreach & Prevention on Youth Violence (POP), our team of community leaders delivers. We have also galvanized support from a host of political leaders at the state and local levels, in addition to the Cook County Physicians Association (CCPA) and EagleForce/MIMI RX, as subrecipients.

Collectively, we request $3,684,664 in year one (1) to support this initiative. Between our nine (9) organizations, we are prepared to deliver results as proven and professional preventative care, primary care, specialty care, hospital services, mental health, and substance abuse providers with highly trained personnel, administrative support, outreach, and technical resources to address and begin to resolve persistent health disparities and economic disadvantages that have persisted in our communities for generations.

Please review our fully executed Memorandum of Understanding (MOU), application materials, program narrative, and budget justification. Should you require additional information in respect to our capabilities and outreach capacity, you can reach me personally via phone: (318) 588-1058 or email: info@matcchfoundation.org. Thank you for your time and consideration!

Sincerely,

Isaac Palmer, MBA, FACHE

Michael A. McGee, MD, MPH, FACEP

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www.matcchfoundation.org/crhi
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Award Subrecipients

		Name	Support/Activity
1.	Premier Health Network	Dr. Michael McGee	Pr mary, Urgent Care, Integrated Med c ne, Occupat ona Hea th
2.	The MATCCH Foundation	Isaac Palmer	Commun ty outreach, programm ng, commun ty co aborator
3.	Project Outreach & Prevention (POP)	Dr. Michael McGee	Youth outreach, commun ty co aborator, we ness & hea th fa rs, mob e hea th van
4.	Eagle Force, LLC (MIMI RX)	Stanley Campbell	Techno ogy co aborator
5.	COGIC Northern Jurisdiction	Bishop Edwin Walker	Commun ty outreach, programm ng, commun ty co aborator, workshops,
6.	Cook County Physicians Assoc. (CCPA)	Dr. Stephen Watson	Outreach, hea th fa rs, access to doctors, scho arsh ps to med ca students
7.	The MATCCH Group	Isaac Palmer	Safety net ana ys s & recommendat ons
8.	USMCA - ETI/Health & Innovation	Rev. Larry Bullock	Commun ty outreach, advocacy, sem nars, workshop, tra n ng, youth STEM/hea th educat on
9.	NYCE Network for Women	Charles Edwards	Advocacy, commun ty outreach, engagement, de berate d a ogue, market ng

As is well known, Chicagoans on the Southside are adversely affected by diseases and medical conditions which, if detected earlier and treated with best practices, would produce more patient outcomes akin to other parts of Illinois. The CRHI intends to remove systemic barriers on the Southside that have created a life expectancy 5-10 years shorter than in other areas of Chicago and Cook County. Even more alarming, as a recent study just revealed, black Chicagoans experience 3,800 excess deaths a year. Said differently, if Black Chicagoans died at the same rate as the rest of the United States, 3,800 lives would be saved every year. These barriers, also known as the social determinates of health, are why the corona virus has hit this community with higher rates of hospitalization and mortality than the US average. The answer is the Southside community coming together to take ownership of it's own health outcomes.

The CRHI is built on four pillars:

1. All activities are led and directed by community-based organizations that make up the Collaborative. The model depends on advice and council of collaborating partners and all partners fully committed to health outcomes, not healthcare revenue.
2. Concierge nurses and team of community health workers provide integrated care and remove social determinate of health barriers.
3. Technology to share health information, conduct virtual visits and provide one-click communication to the patient and the entire clinical team.
4. Community awareness for major categories of known mortality: COVID-19, hypertension, diabetes, cancer and gun violence.

Success is determined by mortality and life expectancy. These are the metrics that are drastically different from one community to another in the Chicago area. Race, poverty and access to care play the biggest role. The proposal will break down life expectancy into current health metrics like weight and cholesterol to monitor health changes within the population.

The proposal is a pilot project designed to show efficacy from a new way of delivering healthcare. The pilot has chosen specific patient conditions to target and residents in a specific geography within the Chicago Southside.

Most important are the initial collaborators to the project:

1. MATCCH Foundation is run by Isaac Palmer, Black on born in Calumet City, who possesses over 20 years of hospital executive leadership experience, much of which is in Chicago.
2. Premier Health Network is run by Dr. Michael McGee who owns and operates the only Black-owned urgent care on the Chicago Southside.
3. EagleForce is a Black-owned technology company that offers physician practice solutions for telemedicine and shared electronic medical records.

4. The Church of God in Christ (Northern Illinois Jurisdiction) operates several Black churches within Illinois, 7 of which are in the pilot geography.

This is a proposal that recognizes the current inequities, galvanizes the community and creates a living organization that will relentlessly attach the inequities until Blacks on the Southside are living healthy lives. We know this because Blacks will run the pilot. Not institutions. Not politicians. The community organizations that residents worship and socialize will oversee every aspect of this pilot.

The Collaborative to Reverse Health Inequities (CRHI) on the Chicago Southside is a Healthcare Transformation Collaborative (HTC) as defined by Illinois Department of Healthcare and Family Services (IHFS). CRHI will operate its multi-faceted healthcare transformation strategy in a 32 square-mile community service area in Cook County. The area includes six neighborhoods shown on the map.

The Neighborhoods are: Douglas, Englewood, Kenwood, Woodlawn, Hyde Park, and South Shore. They are associated with eight Zip Codes: There are 60609, 60615, 60616, 60621, 60636, 60637, 60649, and 60643. There are 350,000 residents in the area: 65% of the residents are Black, and 45% of the residents are male. The average household income is $32,500. Existing hospitals and Federally Qualified Health Centers (FQHCs) in the area total 5 and 21, respectively.

CRHI is relying on the Transformation Data & Community Needs Report: Chicago-South Side February 2021 to identify needs in the community service area. The role of community input in identifying those needs was planned and implemented on behalf of HFS by the Institute for Healthcare Delivery Design and the School of Public Health at the University of Illinois at Chicago (UIC). Excerpts from the Report describe the approach, the level of participation by residents of Chicago Southside, and the information they shared.

“Community residents spoke of multiple barriers (or social determinants) that they face at each point in the healthcare journey. These community-identified barriers vividly demonstrate the “why” behind the low rates of outpatient-care engagement and high rates of hospitalization for key diseases identified in the quantitative data.

“When people decide to seek care, they make an implicit cost-benefit analysis, trading off time, money and trouble against the value they expect to gain from care. The barriers voiced by community residents tip the balance toward the costs of seeking care and away from the value of getting healthcare.”

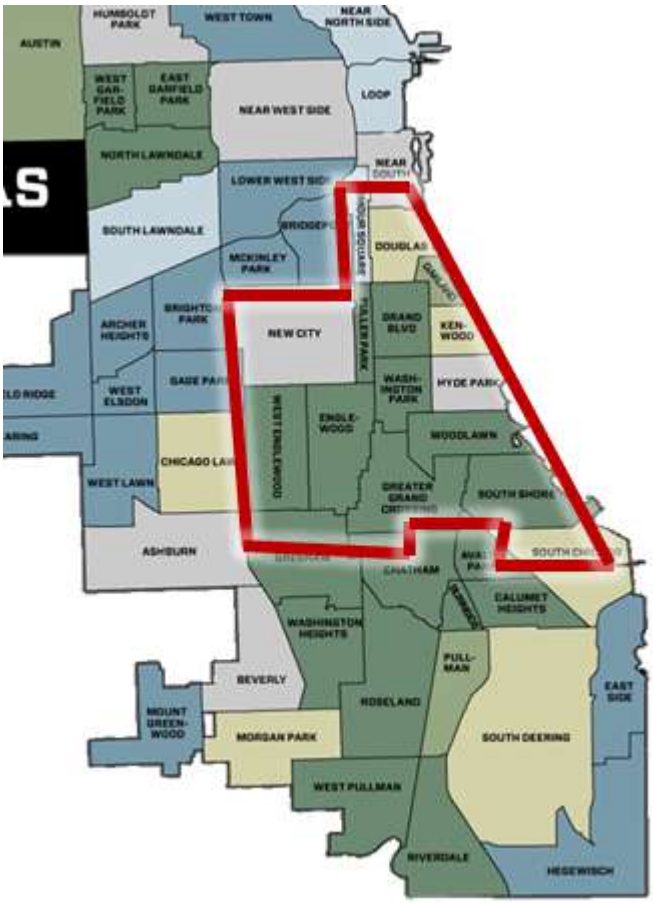
The plan was shared with representatives from Congressman Bobby Rush and Congresswoman Robin Kelly’s offices, multiple aldermen, state representatives and state senators. The plan was also shared with several key community organizations over the course of 4 months while building the details.

From these discussions we have brought together a multidisciplinary set of community partners (9) and have included in the application 16 letters of support from community organizations. The goal for phase one of this proposal is to continue galvanizing support in the community with seminars and presentations to explain how the model works, where the resources are going and how everyone doing small parts can make a big difference. The model depends on the community playing an active role.

The table below shows a comparison of Mortality Rates between the CRHI Community Service Area and the balance of the City of Chicago for the specified conditions. In each case, the Mortality Rate is higher in the Community Service Area.

Mortality (per 100,000 people)	Community Service Area	Chicago Wide
Heart Disease	203	182
Cancer (All)	189	164
Lung Cancer	48	44
Diabetes Related	62	56
Stroke	43	40
Homicide	28	27

CRHI is committed to rallying community assets in the Service Area and building relationships with patients and providers to transform the healthcare delivery system that has been proven to be inequitable. CRHI will work to make the value of getting healthcare outweigh the challenges of seeking care. The benefit to area residents will be an improved life expectancy.


AUSTIN
HUMBOLDT PARK
WEST TOWN
NEAR NORTH SIDE
WEST GARFIELD PARK
EAST GARFIELD PARK
NEAR WEST SIDE
LOOP
NORTH LAWNDALE
LOWER WEST SIDE
NEAR SOUTH
SOUTH LAWNDALE
DOUGLAS
MCKINLEY PARK
ARCHER HEIGHTS
NEW CITY
GRAND BLVD
KENWOOD
WEST ELSDON
WASHINGTON PARK
HYDE PARK
WEST ENGLEWOOD
ENGLEWOOD
WOODLAWN
WEST LAWN
GREATER GRAND CROSSING
SOUTH SHORE
ASHBURN
CHATHAM
CALUMET HEIGHTS
WASHINGTON HEIGHTS
PULLMAN
BEVERLY
ROSELAND
EAST SIDE
MOUNT GREENWOOD
MORGAN PARK
SOUTH DEERING
WEST PULLMAN
RIVERDALE
HEGEWISCH

CRHI used data from the Transformation Data & Community Needs Report: Chicago-South Side February 2021 to design/plan this proposal. The Report was planned and implemented on behalf of HFS by the Institute for Healthcare Delivery Design and the School of Public Health at the University of Illinois at Chicago (UIC). UIC collected data on 5 study areas, including Southside of Chicago. Excerpts from the report follow.

"The approach developed by the UIC team combines analysis of Medicaid hospital utilization data for specific areas of the state with demographic information, resources mapping, and input from 252 participants who were primarily, but not exclusively, publicly insured, gathered during in-depth conversations conducted by community-based organization partners to give a fuller picture of communities' wants and needs.

"Community input combined with data analysis converged around a set of disease groups and conditions driving hospitalizations, each of them frequent, resource intensive and contributing to poor health outcomes—and for which hospital-level care can be avoided with outpatient care, coordination of treatment, and community-based supports. These key disease groups and conditions are:

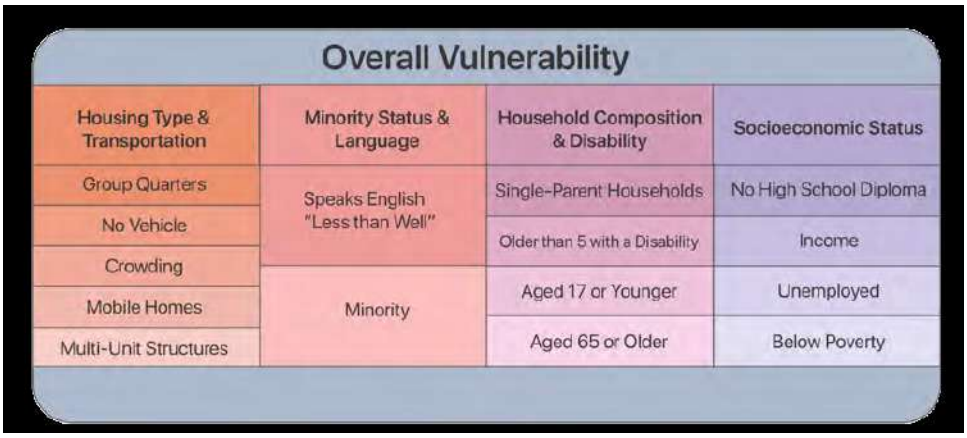
- mental illness, in particular bipolar and depressive disorders
- substance use disorders, especially alcohol and opioid use disorders
- a subset of "ambulatory care sensitive conditions" or ACSCs: hypertensive diseases, diabetes, chronic obstructive pulmonary disease (COPD)/asthma, and heart disease

"By definition, ACSCs are health conditions for which either good outpatient care can potentially prevent the need for hospitalization or early intervention can prevent complications and progression to more severe disease. Access to quality primary and specialty care is critical to decreasing hospital-level care for ACSCs, mental illness and substance use disorders. However, as this report highlights, there's a lack of access to this care for vulnerable populations. This lack of access is driven by both resource gaps and by social, economic, and other "social determinants of health" barriers that people face in achieving health (for example, lack of access to transportation; lack of access to affordable, healthy food; unemployment; community violence; etc.). In other words, this is a problem that sits within both the healthcare system and within social fabric of communities."

Data included results of research and community participation regarding: a) Frequent and resource-intensive hospitalization diagnoses, b) Levels of outpatient care prior and subsequent to hospital-level care, c) Community-identified barriers to outpatient care, prevention and treatment adherence, d) Resource gaps, and e) Opportunities for stimulating and reducing barriers to outpatient care.

“The CDC’s Social Vulnerability Index (CDC-SVI) uses fifteen U.S. census-derived social factor variables, including poverty, lack of vehicle access, and crowded housing, and groups them into 4 related themes: socioeconomic status, household composition, race/ethnicity/language, and housing/transportation.” See table below.

Statewide Scan of Areas in Illinois with Above Average (> 50th Percentile) Social Vulnerability Scores



Special attention was given to Areas with CDC Social Vulnerability Index Percentile Score > 50%. Chicago Southside scored 87.6%.

Tally of Community Input Participants and Sessions for South Chciago: 52 Participants / 13 Sessions

“Recommended objectives to guide future efforts and interventions toward achieving transformation are:

1. Incentivize clinic-community linkages in order to address health, healthcare access, and the social determinants of health.

2. Promote collaborative care models for chronic illnesses, including mental illnesses and substance use disorders (for example, health homes and coordinated care models).

3. Build capacity for clinic-community linkages and collaborative, relationship-based care models.

4. Promote care engagement.

5. Continuously groom clinic-community linkage services to reduce and eliminate barriers to care.”

The recommendations were considered and addressed in the development of this proposal. A review of relevant data led CRHI to propose strategies to increase life expectancy through deeper patient connections, more focused patient goals, removing social barriers and using technology to overcome physical barriers.

The Collaborative will combine elements of systemic, horizontal, and people-centered care integration and coordination to increase life expectancy for Blacks in the service area. by working with patients and providers to improve the 7 biomarkers: total and HDL cholesterol (mg/dL), glucose (mg/dL), waist-to-hip ratio (WHR), c-reactive protein (CRP) (mg/L), forced expiratory volume in 1 second (FEV1/h) (liters), and mean arterial pressure (MAP) (mmHg). This is accomplished by increasing access to education and primary care virtually.

The success indicators are the 7 bio markers which research has proven to increase life expectancy. The stakeholders and collaborators will receive quarterly outcomes statements that report progress on bio markers within the pilot program population. We will also develop leading indicators like physician visit attendance and medication compliance that we know contribute to improving the bio markers.

CRHI intends to remove systemic barriers on the Southside that have created a life expectancy 5-10 years shorter for Blacks when compared to other areas of Chicago and Cook County, IL. The proposal seeks to increase life expectancy for Blacks on the Southside of Chicago through deeper patient connections, more focused patient goals, removing social barriers and using technology to overcome physical barriers.

Health inequities are produced by the social determinants of health and decades of under-investment in social services that mitigate these determinants. CRHI will work directly with patients and providers to a) find more effective care plans based on unique patient social circumstances and b) refer to social services that can remove barriers to increase treatment compliance and attendance to provider visits.

The success indicators are the 7 bio markers which research has proven to increase life expectancy. The stakeholders and collaborators will receive quarterly outcomes statements that report progress on bio markers within the pilot program population. We will also develop leading indicators like physician visit attendance and medication compliance that we know contribute to improving the bio markers.

The Collaborative will combine elements of systemic, horizontal, and people-centered care integration and coordination to increase life expectancy for Blacks in the service area. by working with patients and providers to improve the 7 biomarkers: total and HDL cholesterol (mg/dL), glucose (mg/dL), waist-to-hip ratio (WHR), c-reactive protein (CRP) (mg/L), forced expiratory volume in 1 second (FEV1/h) (liters), and mean arterial pressure (MAP) (mmHg). This is accomplished by increasing access to education and primary care virtually.

Ultimately, this is about creating relationships and conversations to foster the longevity of these transformative measures focused on equity.

Community Placement for example is one of the Illinois HFS pillars. Post-acute care is a very individualized decision that needs to account for family members, location, quality of the provider, ability to pay and a host of other factors. Our concierge has a relationship with the patient and may even have a relationship with the patient's family caregiver team. The nurse can now converse with her team of case managers and social workers that know all the available options and make the best placement recommendation/decision for the patient. But care isn't over … that facility is now on the healthcare team and the nurse is regularly checking in and sharing information across the team.

Another pillar of the Illinois HFS is Equity. By improving access to care (a major social determinant of health) this proposal will create equitable health outcomes. By inserting the concierge nurse in the middle of care, the nurse can see firsthand the social and environmental barriers preventing care from taking place. It's no longer academic that transportation is an issue for a large number of people in the community. Conversely, now a member of the patient's healthcare team knows that Ms. Johnson is physically unable to get to next week's doctor appointment and has the resources within arm's reach to make that visit happen. This is improving access to healthcare. Asking questions about transportation, nutrition, health confidence, medications, family support, etc. – and having the time and resources to intervene.

The CRHI intends to remove systemic barriers on the Southside that have created a life expectancy 5-10 years shorter when compared to other areas of Chicago and Cook County, IL. Even more alarming, as a recent study just revealed, Black Chicagoans experience 3,800 excess deaths annually.

The proposal seeks to increase life expectancy by working with patients and providers to improve the 7 biomarkers: total and HDL cholesterol (mg/dL), glucose (mg/dL), waist-to-hip ratio (WHR), c-reactive protein (CRP) (mg/L), forced expiratory volume in 1 second (FEV1/h) (liters), and mean arterial pressure (MAP) (mmHg). This is accomplished by increasing access to primary care virtually and education.

The goal of education is to increase the patient's health confidence by simply asking: How confident are you that you can control and mange most of your health problems? Very confident, somewhat confident, not very confident, or I do not have any health problems. Each of those answers (when compared to the health provider's answer) can direct the education and additional aids needed for the treatment plan. The resulting conversation will also reveal social health determinant barriers that need to be removed.

The use of biomarkers to measure quality and counteract weathering is well documented in the CARDIA Study by Sarah Forrester David Jacobs, Rachel Zmora, Pamela Schreiner, Vernique Roger and Catarina Kiefe. Include following the section (amended for brevity).

SSM - Population Health
Volume 7, April 2019, 100319

Article

Racial differences in weathering and its associations with psychosocial stress: The CARDIA study

Sarah Forrester [a], David Jacobs [b], Rachel Zmora [b], Pamela Schreiner [b], Veronique Roger [c], Catarina I. Kiefe [a]

https://doi.org/10.1016/j.ssmph.2018.11.003

Highlights

- Blacks show accelerated biological aging (weathering) compared to Whites
- Psychosocial factors are associated with weathering
- Psychosocial factors are more strongly associated with weathering among Blacks

Abstract

Biological age (BA) is a construct that captures accelerated biological aging attributable to "wear and tear" from various exposures; we measured BA and weathering, defined as the difference between BA and chronological age, and their associations with race and psychosocial factors in a middle-aged bi-racial cohort. We used data from the Coronary Artery Risk in You

assessed overall and race-specific associations between weathering and psychosocial measures. For the 2694 participants included, Blacks had a BA (SD) that was 2.6 (11.8) years *older* than their chronological age while the average BA among Whites was 3.5 (10.0) years *younger* than their chronological age (Blacks weathered 6.1 years faster than Whites). Belonging to more social groups was associated with less weathering in Blacks but not Whites, and after multivariable adjustment, lower SES and more depressive symptoms were associated with more weathering among Blacks than among Whites. We confirmed racial differences in weathering, and newly documented that similar psychosocial factors may take a greater toll on the biological health of Blacks than Whites.

Previous Next

Keywords

Biological age; Weathering; Psychosocial factors racial disparity

1. Introduction

Race-based health disparities have been observed in many conditions including cardiovascular, inflammatory, upper respiratory diseases, and some cancers (Myers, 2009, Schneiderman et al., 2005). Specifically, Blacks are known to have a higher prevalence of risk factors for cardiovascular disease including hypertension, obesity, and diabetes (Gasevic et al., 2015). Blacks are also more likely to die from cardiovascular disease and stroke than Whites (Lloyd-Jones, Adams, Carnethon, De Simone, Ferguson & Flegal, 2009). Non-Hispanic Blacks (hereafter referred to as "Blacks") have poorer health than non-Hispanic Whites (hereafter referred to as "Whites") across the age spectrum, but differences are especially pronounced around middle-age (Fiscella and Williams, 2004, Geronimus et al., 2010). Race is a socially constructed category, not a biological one (LaVeist, 1994) and it is often a proxy for the unique stressors that minorities face, such as lower social and economic status, and worse access to and delivery of health care. Stressful lifetime events are more prevalent among Blacks and are associated with cardiovascular disease (Brewer et al., 2018, Hagstrom et al., 2018, Pedersen et al., 2017), hypertension (Cuffee et al., 2014, Spruill, 2010), and inflammation (Gruenewald et al., 2009, Ranjit et al., 2007). Blacks are more likely to experience chronic stress in the form of material hardship, interpersonal discrimination, structural discrimination, ambient stressors, segregated housing, and personal danger (Shadlen, Siscovick, Fitzpatrick, Dulberg, Kuller & Jackson, 2006). The "Weathering Hypothesis" (Geronimus, 1992) was proposed to explain the premature decline of health observed with age in Afr

The weathering hypothesis has been supported using biomarkers such as allostatic load (Geronimus, Hicken, Keene & Bound, 2006) and telomere length (Geronimus et al., 2010). Both of these methods illustrate the idea of weathering with Black individuals having a higher probability of high allostatic load score and middle-aged Black women showing more biological wear and tear through shorter telomeres. Although allostatic load and telomere length distributions are consistent with the weathering hypothesis, biological age, a construct that has been using in multiple scientific publications over the past decades (Cho et al., 2010), may be a more intuitive metric because it is expressed in years and thus more easily understood than allostatic load; and is derived from biomarkers that do not require an individual's DNA.

In this paper we propose biological age, or the "true global state" of an aging organism (Klemera & Doubal, 2006) to measure weathering and the association between psychosocial factors and weathering. Biological age is intended to measure multi-system change that can result in physiological dysfunction and quantify that change as an age that can be compared to one's chronological age. In this way, weathering can be measured by comparing chronological age at a given time (e.g. at onset of a disease or at time of death) with biological age at that same time point. In particular, a measure of weathering derived from biological age may allow us to better understand how psychosocial factors are associated with a cumulative measure of accelerated aging rather than with individual disease. Biological age has been operationalized using different methods (Cho et al., 2010). Here, we use the Klemera and Doubal method (KDM) (Klemera & Doubal 2006), which uses risk factors as the dependent variable in regressions on age and inverse transformations to return to the age scale, and has been found to be a better predictor of mortality (Levine, 2013, Levine and Crimmins, 2014) and work ability (Cho et al., 2010) than other methods. To our knowledge, the association between biological age and psychosocial factors has not been studied previously.

1.1. Current study

The primary aim of this manuscript is to investigate weathering and the relationship between psychosocial factors and weathering in a cohort of middle-aged Black or White individuals. We aim to extend previous research showing evidence of weathering through biological age by quantifying the association between weathering and psychosocial factors. We also queried whether there is a racial disparity in the strength of the relationship between weathering and psychosocial factors. We hypothesize that Blacks show evidence of weathering more than Whites; Blacks have higher levels of psychosocial distress; and psychosocial stressors are more strongly associated with weathering among Blacks than among Whites.

2. Methods

longitudinal study of 5114 Black or White individuals aged 18 to 30 in 1985-86. Following the baseline examination at year 0 (Y_0) in 1985-86, follow-up examinations were conducted at Y_2, Y_5, Y_7, Y_{10}, Y_{15}, Y_{20}, Y_{25}, and Y_{30} (2015-16). At baseline, CARDIA participants had to be free of long-term disease and disability and were selected by random sampling after stratification so that there would be approximately equal numbers of Blacks and Whites, men and women, age 18–23 vs. 24–30 and higher vs. lower educational attainment at each of the four CARDIA field centers in Birmingham, AL; Chicago, IL; Minneapolis, MN; and Oakland, CA. Recruitment at the sites other than Oakland was community based through telephone and mailing lists. Participants in Oakland were selected from among subscribers to Kaiser Permanente Medical Care Program. All participants provided informed consent and institutional review board approval was obtained at each field center (University of Alabama at Birmingham, Northwestern University, University of Minnesota, and Kaiser Permanente of Northern California) (Friedman, Cutter, Donahue, Hughes, Hulley & Jacobs, 1988). We excluded 2420 non-attendee participants who did not have complete biological data at Y_{25} or Y_{30} for a sample size of 2694. Those who were missing any biological data were slightly younger, more likely to be Black, and were slightly more likely to have worse socioeconomic status.

2.2. Measurement

2.2.1. Biological age/weathering

Weathering (W) was defined as the difference between biological age (BA) and chronological age (CA) (W = BA – CA) so that a positive value indicates that a person is biologically older than their chronological age and conversely a negative value indicates that a person is biologically younger than their CA. BA was calculated with the Klemera & Doubal Method (KDM) (Klemera & Doubal, 2006), as a linear combination of selected biomarkers associated with age and derived as follows. "BA is equal to chronological age (CA) plus a random variable, R_{BA}, with a mean zero and variance of s^2_{BA}" (Levine, 2013). This method then minimizes the distance between m regression lines and m biomarker points, within an m dimensional space of all biomarkers through the following equation:

$$\mathbf{BA} = \frac{\sum_{j=1}^{m}(x_j - q_j)\frac{k_j}{s_j^2} + \frac{CA}{s_{BA}^2}}{\sum_{j=1}^{m}\left(\frac{k_j}{s_j^2}\right)^2 + \frac{1}{s_{BA}^2}} \quad (1)$$

In Eq. (1), k_j is the slope of the regression of biomarker j on CA, q_j is the intercept, x_j is the value biomarker j, m is the number of biomarkers, and s_j is the root mean squared error of the regression of biomarker j on CA. This results in BA being a linear combination of the biomarkers included in the calculation.

obtain k_j, q_j, and s_j. Rather than utilizing biological data solely from year 30 (where patients were aged 48–60) we included biological data beginning at year 15 when patients were as young as 33. This enabled us to use biomarkers that spanned the age range of 33 - 60 years, which is a similar age range to participants in previous research using the KDM method.

We selected 7 biomarkers from Y_{15}-Y_{30} based on general knowledge of their association with aging, availability in CARDIA, and significant association with CA in CARDIA: total and HDL cholesterol (mg/dL), glucose (mg/dL), waist-to-hip ratio (WHR), c-reactive protein (CRP) (mg/L), forced expiratory volume in 1 second (FEV1/h^2) (liters), and mean arterial pressure (MAP) (mmHg) (see Friedman et al., 1988) for more detail on biomarker measurement). We retained CRP even though its association with age was low because it is known to be disparate between Blacks and Whites, it has been previously used as biomarker in the biological age literature, and we wanted to include an inflammatory measure to avoid the biological age measure being composed of only cardiovascular, pulmonary, and metabolic markers.

We extended the age range by using biomarker data from years 15 - 30 as follows. In the first step of the KDM, where the individual biomarker is regressed on age to obtain the slope, intercept, and root mean squared error, we used multilevel linear regression to estimate the parameters while accounting for within person correlations between biomarkers at each year. Although we extended the age range to calculate BA, we only used BA at Y_{30} in subsequent analysis because we wanted to use BA data from individuals at their oldest chronological age in order to capture the longest period of accelerated aging possible.

2.2.2. Race

Race was self-reported as non-Hispanic Black/African American or non-Hispanic White/Caucasian.

2.2.3. Health behaviors

Alcohol was measured in mL/day. Tobacco use was measured as pack-years of cigarettes. Health behavior data used were from Y_{25}.

2.2.4. Socioeconomic status

Socioeconomic status (SES) included 7 categorical variables from Y_{25}: education level (less than high school [<12 years], high school [9–12 years], undergraduate [13–16 years], graduate school [17–20 years]), difficulty paying for medical expenses (very hard to not very hard), difficulty paying for basics, income (< $5000 to >= $100,000 in $10,000 increments), assets (<=$500 to >=$500,000 in $10,000 increments), home status (owned or being bought to occupied without payment of money), and food eaten in home (often don't have enough food to have enough fo

THE COLLABORATIVE

The Collaborative to Reverse Health Inequities on the Chicago Southside is anchored by multiple Lead Partner organizations: The MATCCH Foundation, Premier Health Network, Church of God in Christ – Northern Illinois (7 churches), Eagle Force / MIMI-RX (technology partner) and the NAACP Chicago Southside Branch (pending). Each organization brings a unique capability to delivering innovative and collaborative healthcare to Chicago's Southside.

CHRI proposes to improve the integration, efficiency, and coordination of care across provider types and levels of care by starting with a patient-centered approach.

OPERATIONAL METHOD

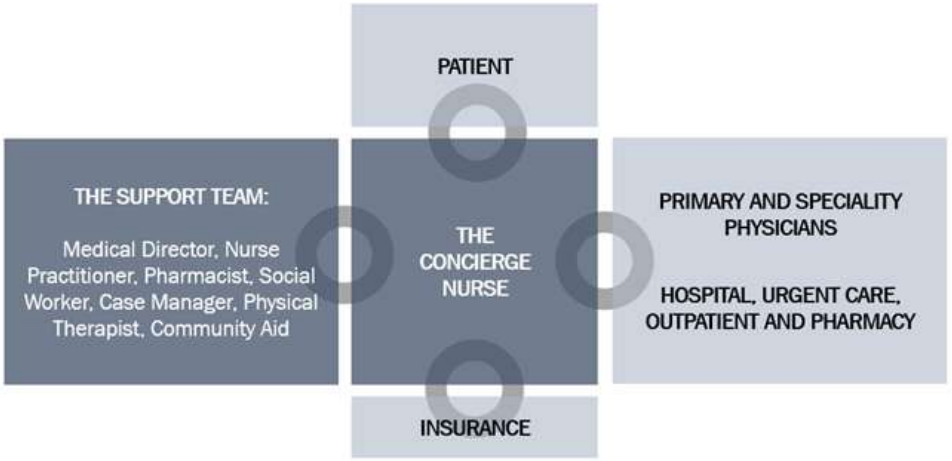
The Concierge Nurse – at the center of the proposed integrated care model – has access to all patient information, is in consultation with the patient, entire provider team, and all community entities involved. The Concierge Nurse has two functions and must have sufficient resources to accomplish:

1. The creation of best practice care plans after consulting with the patient and the patient's physician team. Best practice care plans will combat a well-documented phenomenon in African-American healthcare, whereby Black patients do not receive the same treatment options as their White counterparts.

2. The lessening or outright removal of social determinate of health barriers. Utilizing an intimate knowledge of the patient's income, job demands, housing, childcare, and elder care demands, nutrition challenges, and even access to transportation, the nurse will create care plans that work for the patient's individual delimiting factors ***AND*** are able to tap resources required to remove barriers to improved patient compliance.

THE CLINICAL MODEL

(Circles represent location of advanced communication technology.)



Integrated Care

Integrated care has several different meanings across the internet. Below are pertinent to this proposal:

Systemic integration: "Integration is a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings. Where the result of such multi-pronged efforts to promote integration lead to benefits for people the outcome can be called 'integrated care.'"	**Horizontal integration:** Integrated care between health services, social services and other care providers that is usually based on the development of multi-disciplinary teams and/or care networks that support a specific client group.
People-centered integration: Integrated care between providers and patients and other service users to engage and empower people through health education, shared decision-making, supported self-management, and community engagement.	

This proposal seeks to create the results of systemic and horizontal integration, not through policy or co-locating all providers under one roof, but rather by using technology and placing in the center of care the concierge nurse for the purpose of coordination and communication. The goal is people-centered integration whereby patients will say:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

Integration is a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings. Where the result of such multi-pronged efforts to promote integration lead to benefits for people, the outcome can be called "integrated care."

Nick Goodwin, co-Founder and CEO of the International Foundation for Integrated Care (IFIC), states that one of the key factors to reconfiguring the current fragmented healthcare delivery system is to provide "attentive assistance or treatment to people in need" (Goodwin, N 2016 Understanding Integrated Care. International Journal of Integrated Care, 16(4): 6, pp. 1–4,). Goodwin adds that effective strategies will

emphasize a "'people-centred' definition with the core purpose of 'caring' so integrated care is given a compelling logic as to its objectives and how success might be judged" (Goodwin, 2016).

Integration may take on various tactics and structures, but the goal is working together. CHRI upholds this perspective:

"Transformational change can only happen at the interface between service users and teams of care professionals working in partnership with them. For people with complex needs, this implies a more flexible and networked solution where a 'core team' empowers service users and supports their day-to day needs but can rely on a responsive provider network when required" (Fulop, N, Mowlam, A and Edwards, N. Building integrated care. Lessons from the NHS and elsewhere. MHS Confederation: London 2005).

At its core there is a call for more conversations between care givers. Traditionally, that meant co-locating the team in one building. In the 21st century, with better technology and with more independent providers, this model of integrated care seeks to create regular and ad hoc conversations among the patient, primary care physicians, and specialists. The resulting strong, effective relationships in the community will foster the longevity of these transformative measures focused on equity.

Conversation produces complete understanding; understanding produces effective care plans; care plans produce improved bio markers; bio markers increase life expectancy; and life expectancy means more Black fathers and mothers are present raising kids, tending to elderly parents, building local businesses, volunteering in the community, and teaching in churches. Black Health is Black Wealth.

Ultimately this is about creating relationships. For decades the Black population was "managed" instead of talked to. This proposal puts trusted community members in charge of having conversations – conversations that lead to better care, customized care, effective care, patient-owned care.

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STRUCTUAL AND SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health are the circumstances in which people are born, grow, live, learn, work, and age, which are shaped by a set of forces beyond the control of the individual. They are intermediate determinants of health, 'downstream' from the Structural Determinants. They include material circumstances, and psychosocial and behavioral characteristics. They include the living and working conditions of people, such as their pay, access to housing, or medical care.

Structural Determinants are the 'root causes' of health inequities because they shape the quality of the Social Determinants of Health experienced by people in their neighborhoods and communities. Structural determinants include the governing process, economic and social policies that affect pay, working conditions, housing, and education. The structural determinants affect whether the resources necessary for health are distributed equally in society, or whether they are unjustly distributed according to race, gender, social class, geography, sexual identity, or other socially defined group of people.

This proposal cannot change the structural determinants of health that brought Black Chicagoans to this point of low life expectancy and unnecessary deaths. The proposal has assembled collaborators that advocate for structural change and will continue those efforts individually and collectively within the collaborative.

The proposal CAN directly address the social determinants of health that daily create barriers to access health. Take **Community Placement** for example, one of the Illinois HFS pillars. Post-acute care is a very individualized decision that needs to account for family members, location, quality of the provider, ability to pay and a host of other factors. Our concierge has a relationship with the patient and may even have a relationship with the patient's family caregiver team. The nurse can now converse with her team of case managers and social workers that know all the available options and make the best placement recommendation/decision for the patient. But care isn't over … that facility is now on the healthcare team and the nurse is regularly checking in and sharing information across the team.

Another pillar of the Illinois HFS is **Equity**. By improving access to care (a major social determinant of health) this proposal will create equitable health outcomes. By inserting the concierge nurse in the middle of care, the nurse can see firsthand the social and environmental barriers preventing care from taking place. It's no longer academic that transportation is an issue for a large number of people in the community. Conversely,

now a member of the patient's healthcare team knows that Ms. Johnson is physically unable to get to next week's doctor appointment and has the resources within arm's reach to make that visit happen. This is improving access to healthcare. Asking questions about transportation, nutrition, health confidence, medications, family support, etc. – and having the time and resources to intervene.

The CRHI intends to remove systemic barriers and address social determinants of health that severely limit access to coordinated healthcare on the Southside and have created a life expectancy 5-10 years shorter when compared to other areas of Chicago and Cook County, IL. Even more alarming, as a recent study just revealed, Black Chicagoans experience 3,800 excess deaths annually. Put another way, if Black Chicagoans died at the same rate as the rest of the United States (US), 3,800 lives would be saved every year.

Blacks also experience more "weathering" than other populations. Weathering is a new word being used in healthcare to describe the stressors in Black lives that are chronic and repeated through their whole life course and may even be at their height in the young adult-through-middle-adult ages rather than in early life. And that increases general health vulnerability – weathering. Now, suddenly, a manageable condition like diabetes or COVID-19 is devastating to a Black patient in her 50s following 50 years of constant and persistent weathering. The social service component of this proposal will ease the effects of weathering.

Health inequities are produced by the social determinants of health and decades of under-investment in social services that mitigate these determinants. The proposal seeks to work directly with patients and providers to a) find more effective care plans based on unique patient social circumstances and b) refer to social services that can remove barriers to increase treatment compliance and attendance to provider visits.

The proposal seeks to virtually connect the provider team when necessary to discuss unique treatment plan. These virtual connections will be made by voice or face and with the ability to provide in-home technology where necessary. Too often patients are being seen by multiple providers that don't share information or ever talk. At a bare minimum, this integrated approach will catch adverse drug interactions; and at the maximum it will change treatment plans as one provider may have a more inclusive treatment plan that addresses the whole patient.

Blacks make up 74% of the residents in the zip codes targeted by this application and will be the racial/ethnic group most affected by and concerned with the issues related to this proposal.

The plan was developed in consultation with the NAACP Chicago Southside Branch and with the Premier Urgent Care (the only black owned urgent care facility on the Southside). The plan was shared with representatives from Congressman Bobby Rush and Congresswoman Robin Kelly's offices.

CRHI intends to remove systemic barriers on the predominantly Black Southside that have created a life expectancy 5-10 years shorter when compared to other areas of Chicago and Cook County, IL. Even more alarming, as a recent study just revealed, Black Chicagoans experience 3,800 excess deaths annually. Put another way, if Black Chicagoans died at the same rate as the rest of the United States (US), 3,800 lives would be saved every year. These barriers, also known as the social determinants of health, are why the Coronavirus has plagued this community with higher rates of hospitalization and mortality than the US average.

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The proposal seeks to increase life expectancy by working with patients and providers to improve the 7 biomarkers: total and HDL cholesterol (mg/dL), glucose (mg/dL), waist-to-hip ratio (WHR), c-reactive protein (CRP) (mg/L), forced expiratory volume in 1 second (FEV1/h) (liters), and mean arterial pressure (MAP) (mmHg). This is accomplished by increasing access to education and primary care virtually. The goal of education is to increase the patient's health confidence by simply asking: How confident are you that you can control and mange most of your health problems? Very confident, somewhat confident, not very confident, or I do not have any health problems. Each of those answers (when compared to the health provider's answer) can direct the education and additional aids needed for the treatment plan. The resulting conversation will also reveal social health determinant barriers that need to be removed.

Ultimately this is about creating relationships. For decades the Black population was "managed" instead of talked to. This proposal puts trusted community members in charge of having conversations – conversations that lead to better care, customized care, effective care, patient-owned care.

The proposal seeks to increase life expectancy for Blacks on Chicago Southside. The proposed care integration and coordination strategy will increase collaboration and set standards for accountability, which is expected to reduce disparities and discrimination. Essential facets of the strategy are: deeper patient connections, more focused patient goals, removing social barriers and using technology to overcome physical barriers.

This proposal will increase empowerment by giving Blacks control of their own health outcomes. Empowerment is contagious and will spill into other areas of Black life.

Alternatives to advancing racial equity lie in structural and policy changes. The collaborators in this proposal request inclusion in policy discussions at the state level when resources are being considered to improve transportation, nutrition options, job training, provider reimbursement, clinic locations, and low-cost insurance products (to name a few). As the Collaborative grows and more community partners join, we will represent the voice of the marginalized and overlooked that will be invaluable to the state's planning efforts.

Based on healthcare economics, a model like this is sustainable in that it can generate revenue to fund its operations once efficacy can be demonstrated on a large scale. Principals in the collaborative will meet at least monthly to review financial and programmatic progress, as well as the effectiveness of the proposed measures to achieve systemic transformation.

The success indicators are the 7 bio markers which research has proven to increase life expectancy. The stakeholders and collaborators will receive quarterly outcome statements that report progress on bio markers within the pilot program population. Upon review of the outcome statements, the collaborators will consider the advantages of engaging other stakeholders. Information will be shared with patient groups, and they will be asked for feedback about how well they believe they are being served. We will also

develop leading indicators like physician visit attendance and medication compliance that we know contribute to improving the bio markers. An annual report will be shared with the public.

Our team has provided a list of entities that will be a part of your collaboration that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project, as subcontractors or equity partners.

All entities will have an ongoing role in the operation of our transformed delivery system. We are also proud to report that all nine (9) subrecipients are minority-owned and operated. While galvanizing our support team, we paid special attention to gathering a team of leaders and true community activists with a pulse on the needs of minority and underserved communities.

Together, our goal is to spur sustainable, equitable, and customer-centric change through outcome-based solutions to reduce disparities designed by communities for communities. To truly transform health, we have a team that connects with our citizens, knows their issues and concerns and speaks to their needs. We are prepared and equipped to galvanize both medical and community support to re-orient healthcare delivery around the needs of our residents. This program will prioritize innovation partnerships that focus on community needs in the most socially-vulnerable areas of the state.

Our partner, U.S. Minority Contractors Association (USMCA), was specifically selected as a proven assistance agency, representing over one hundred and forty-three (143) minority-owned and certified firms within seven (7) chapters across the United States. USMCA serves as an assist and advocacy agency for minority business owners, contractors, and subcontractors in the community. Assistance and advocacy are at the heart of everything they do.

Throughout their six (6) operating divisions, they are committed to providing unique professional, educational, technical and consulting services to the community-at-large. Together, we endeavor to provide the best community-based services possible to reverse health disparities.

Entity	Business Enterprise Program (BEP) Certified	Nonprofit Minority Owned & Managed	Sub-contractor	Equity Partner	Implemen-tation	Ongoing Operation	Already Contracts w/ Collaboration Member (CM)	Services Increase Volume of Work w/ CM
Premier Health Network	x	x		x	x	x	x	x
The MATCCH Group				x	x	X	x	x
COGIC Northern Jurisdiction		x			x	x		x
Project Outreach & Prevention, LLC (POP)		x			x	x	x	x
Cook County Physicians Association (CCPA)		x				x	x	x
The MATCCH Foundation		x			x	x	x	x
USMCA - ETI/Health & Innovation	x	x			x	x		x
NYCE Network for Women		x			x	x	x	x
Eagle Force, LLC (MIMI RX)	x					x	x	x

Based on healthcare economics, an integrated model of care will reduce overall healthcare spending in the area. Partnering with existing payors after efficacy is proven through this pilot program will generate revenue sources to fund ongoing services like community health workers, health fairs and prevention awareness.

Ultimately, this model is ideal to grow into an Accountable Care Organization utilizing the existing provider resources in the community with oversight by community-based organizations similar to the partners to this proposal.

Accountable Care Organizations are groups of clinicians, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care a designated group of patients. While some private plans have contracted with ACOs, this page refers mainly to Medicare ACOs.

Coordinated care seeks to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. Under Medicare, when an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.

The ACO model was included in national health care reform legislation as one of several demonstration programs to be administered by the Centers for Medicare & Medicaid Services (CMS). Participating ACOs assume accountability for improving the quality and cost of care for a defined patient population of Medicare beneficiaries. ACOs in turn receive part of any savings generated from care coordination as long as quality was also maintained.

Medicare offers several different types of ACO programs:

- Medicare Shared Savings Program - works to achieve better health for individuals, better population health, and lowering growth in expenditures
- ACO Investment Model - tests prepayment approaches to support MSSP ACOs
- Next Generation ACO Model -- allows providers to assume more financial risk than other ACO programs
- Vermont All-payer ACO Model - incentivizes value and quality among Vermont payers
- Medicare-Medicaid ACO Model - allows MSSP ACOs to be accountable for the quality and costs for Medicare-Medicaid enrollees

As the program progress, CRHI and it's partners will explore ACO structures that allow the model to generate self-funding revenue.

In addition, CRHI will also pursue private (foundations) and other public sources of funding (federal and local) where specific facets of this initiative fit various funder priorities (e.g., Maternal/Infant, Mental Illness, etc.).

		Sustainability Plan	
Social Determinants of Health	**New or Increased Services**	**Alternative Payment Methodologies for Medicaid Services**	**Other Sources of Funds**
Material Circumstances	Interventions to improve access to care and education	Shared savings programs	Foundations
Psychosocial & Behavioral Characteristics	Community awareness	Shared savings programs	Foundations
Living & Working Conditions (Pay, Access to Housing or Medical Care)	No		

CRHI is working with USMCA to provide assistance to residents and even small-businesses in need. In fact, since the onset of the pandemic, our team has and will continue to provide COVID-19 assistance, disseminate information, education, training, skills development, one-on-one coaching related to job retention and application development to a host of inner city residents.

The USMCA Entrepreneurial Institute (ETI) and their STEM program will offer a series of customized training and technical assistance services for youth, adults, small, minority and women owned businesses in Illinois. USMCA will provide its membership and public at large with significant technical training, coaching, and mentoring around structured training programs based on compliance, best business practices and business plan development.

Additionally, our team is committed to continue providing support to the community-at-large in the form of:

- Surveys
- Post-survey strategy & implementation plans
- Biweekly e-blasts
- Zoom Meetings & Webinars
- 1-on-1 coaching
- Workshops hosted by Subject Matter Experts(SMEs)

Collaborating Provider	Job Category	# of Employees	Zip Codes	Benchmarks for Continued Maintenance & Improvement of These Levels
U.S. M nor ty Contractors Assoc at on	Hea th, trades, techn ca sk s	TBD	Var es: 60643 and more	Attendance rates of 90% at events, comp et on rates of 80%

The Collaborative to Reverse Health Inequities (CRHI) is comprised of two principal entities The MATCCH Foundation (MATCCH) and Premier Health Network. Under CRHI, we've partnered with nine (9) healthcare entities, health-focused nonprofits, professional and minority-led associations, faith leaders and churches, and community groups. Each member has its own culture, but we all align under one vision, to transform the health needs of underserved communities.

CRHI Advisory Board

To manage and undertake this large responsibility, we've assembled an advisory board to help establish a combination of systems, guidelines, and processes to streamline decision making, hold decision makers accountable, and take action on appropriate measures. Our governance is strong, our principals and advisory board members are comprised of a list of healthcare, medical, and community leaders who understand the health and welfare of inner city residents.

Our principals utilize our advisory board as a platform to advise all Executive Project Directors and subrecipient organizational leaders. They bring professional skills and unique talents with them that are useful to the collaborative to build and increase our reputation and credibility and to ensure adherence to well-developed policies and practices.

Cooperative Governance Model

The CRHI collaborative does not operate with a CEO – instead, we operate as a cooperative. With cooperative governance, our principals along with each subrecipient leader (CEO, Executive Director, or similar) makes decisions for the collaborative as a group of equals. Our highly democratic model of governance works, because we equally distribute power, recommendations, and opinions amongst key stakeholders. No member has a higher standing or more power on the leadership team than another. By galvanizing support, we encourage participation, high morale, and meetings of the minds as a consensus. In our cooperative governance model, each member of the leadership team is able to show an equal amount of commitment to the mission and outcomes of the collaborative.

To ensure the appropriate use of funds, we have developed a SMART (specific, measurable, achievable, realistic, and time-sensitive Cost Allocation Plan (CAP) to summarize the methods and procedures our collaborative will use to allocate costs to various programs, grants, contracts and agreements. We will meet with each subrecipient to ensure utilization-based directed payments are in place with monthly reporting on expenditures and activities, including bookkeeping, receipts, and pre-approval for expenditures over a specific dollar amount.

COST ALLOCATION PLAN

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Collaborative to Reverse Health Inequities (CRHI)
COST ALLOCATION PLAN

Purpose

The purpose of this cost allocation plan is to summarize, in writing, the methods and procedures that this organization will use to allocate costs to various programs, grants, contracts and agreements.

OMB Circular A-122, "Cost Principles for Non-Profit Organizations," establishes the principles for determining costs of grants, contracts and other agreements with the Federal Government. **Collaborative to Reverse Health Inequities (CRHI)** Cost Allocation Plan is based on the Direct Allocation method described in OMB Circular A-122. The Direct Allocation Method treats all costs as direct costs except general administration and general expenses.

Direct costs are those that can be identified specifically with a particular final cost objective. Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.

Only costs that are allowable, in accordance with the cost principles, will be allocated to benefiting programs by CRHI.

General Approach

The general approach of CRHI in allocating costs to particular grants andcontracts is as follows:

1. All allowable direct costs are charged directly to programs, grants, activity, etc.
2. Allowable direct costs that can be identified to more than one program are prorated individually as direct costs using a base most appropriate to the particular cost being prorated.
3. All other allowable general and administrative costs (costs that benefit all

programs and cannot be identified to a specific program) are allocated to programs, grants, etc. using a base that results in an equitable distribution.

Allocation of Costs

The following information summarizes the procedures that will be used CRHI beginning April 1, 2021:

1. **Compensation for Personal Services** - Documented with timesheets showing time distribution for all employees and allocated based on time spent on each program or grant. Salaries and wages are charged directly to the program for which work has been done. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's salaries to the total of such salaries (see Example 1). Costs that benefit all programs will be allocated based on the ratio of each program's salaries to total salaries (see example 2).

    1. Fringe benefits (FICA, UC, and Worker's Compensation) are allocated in the same manner as salaries and wages. Health insurance, dental insurance, life & disability and other fringe benefits are also allocated in the same manner as salaries and wages.

    2. Vacation, holiday, and sick pay are allocated in the same manner as salaries and wages.

2. **Travel Costs** - Allocated based on purpose of travel. All travel costs (local and out- of-town) are charged directly to the program for which the travel was incurred. Travel costs that benefit more than one program will be allocated to theseprograms based on the ratio of each program's salaries to the total of such salaries(see Example 1). Travel costs that benefit all programs will be allocated based onthe ratio of each program's salaries to total salaries (see Example 2).

3. **Professional Services Costs** (such as consultants, accounting and auditing services) - Allocated to the program benefiting from the service. All professional service costs are charged directly to the program for which the service was incurred. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses (see Example 3). Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses (see Example 4).

4. **Office Expense and Supplies** (including office supplies and postage) - Allocated based on usage. Expenses used for a specific program will be charged directly to

that program. Postage expenses are charged directly to programs to the extent possible. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses (see Example 3). Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses (see Example 4).

5. **Equipment** – CRHI depreciates equipment when the initial acquisition cost exceeds $5,000. Items below $5,000 are reflected in the supplies category and expensed in the current year. Unless allowed by the awarding agency, equipment purchases are recovered through depreciation. Depreciation costs for allowable equipment used solely by one program are charged directly to the program using the equipment. If more than one program uses the equipment, then an allocation of the depreciation costs will be based on the ratio of each program's expenses to the total of such expenses (see example 3). Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses (see example 4).

6. **Printing** (including supplies, maintenance and repair) - Expenses are charged directly to programs that benefit from the service. Expenses that benefit more than one program are allocated based the ratio of the costs to total expenses. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses (see example 3). Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses (see example 4).

7. **Insurance** - Insurance needed for a particular program is charged directly to the program requiring the coverage. Other insurance coverage that benefits all programs is allocated based on the ratio of each program's expenses to total expenses (see example 4).

8. **Telephone/Communications** - Long distance and local calls are charged to programs if readily identifiable. Other telephone or communications expenses that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses (see example 3). Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses (see example 4).

9. **Facilities Expenses** - Allocated based upon usable square footage. The ratio of total square footage used by all personnel to total square footage is calculated. Facilities costs related to general and administrative activities are allocated to program based on the ratio of program square footage to total square footage (see example 5).

10. **Training/Conferences/Seminars** – Allocated to the program benefiting from the training, conferences or seminars. Costs that benefit more than one program will

be allocated to those programs based on the ratio of each program's salaries to the total of such salaries (see Example 1). Costs that benefit all programs will be allocated based on the ratio of each program's salaries to total salaries (see Example 2).

11. **Other Costs** (including dues, licenses, fees, etc.) - Other joint costs will be allocated on a basis determined to be appropriate to the particular costs. *(Grantee should describe methodology for applicable costs).*

12. **Unallowable Costs** – Costs that are unallowable in accordance with OMB Circular A-122, including alcoholic beverages, bad debts, advertising (other than help-wanted ads), contributions, entertainment, fines and penalties. Lobbying and fundraising costs are unallowable, however, are treated as direct costs and allocated their share of general and administrative expenses.

ABWS Allocation Methodology Examples

Example 1: **Expense Amount: $5,000**

Costs that benefit two or more specific programs, but not all programs, are allocated to those programs based on the ratio of each program's personnel costs (salaries & applicable benefits) to the total of such personnel costs, as follows:

Grant	Personnel Costs	%	Amount Allocated
A	$ 20,000	20%	$1,000
C	$ 30,000	30%	$1,500
E	$ 50,000	50%	$2,500
Total	$100,000	100%	$5,000

Example 2: **Expense Amount: $100,000**

Costs that benefit **all** programs are allocated based on a ratio of each program's personnel costs (salaries & applicable benefits) to total personnel costs as follows:

Grant	Personnel Costs	%	Amount Allocated
A	$ 20,000	13%	$1,300
B	$ 10,000	7%	$ 700
C	$ 30,000	20%	$2,000
D	$ 40,000	27%	$2,700
E	$ 50,000	33%	$3,300
Total	$150,000	100%	$10,000

Example 3: **Expense Amount: $4,000**

Costs that benefit two or more specific programs, but not all programs, are allocated to those programs based on the ratio of each program's expenses (direct costs other than salaries & benefits) to the total of such expenses, as follows:

Grant	Program Expenses	%	Amount Allocated
A	$ 120,000	30%	$1,200
C	$ 130,000	33%	$1,320
E	$ 150,000	37%	$1,480
Total	$ 400,000	100%	$4,000

Example 4: **Expense Amount: $8,000**

Grant	Program Expenses	%	Amount Allocated
A	$ 120,000	18%	$1,440
B	$ 110,000	17%	$1,360
C	$ 130,000	20%	$1,600
D	$ 140,000	22%	$1,760
E	$ 150,000	23%	$1,840
Total	$650,000	100%	$8,000

Costs that benefit **all** programs will be allocated based on a ratio of each program's salaries to total salaries as follows:

Example 5: **Facilities Expense Amount: $10,000**

Facilities costs are allocated based on square footage. Square footage for each program and general and administrative activity is considered in the analysis. General and administrative facilities costs are further allocated to each program based on the square footage of each grant program to the total square footage of all grant programs.

The calculation is as follows:

Grant	Square Footage	%	Amount Allocated	G&A Allocated	Total Amount Allocated
A	300	30%	$ 3,000	$ 340	$ 3,340
B	100	10%	$ 1,000	$ 110	$ 1,110
C	200	20%	$ 2,000	$ 220	$ 2,220
D	200	20%	$ 2,000	$ 220	$ 2,220
E	100	10%	$ 1,000	$ 110	$ 1,110
G&A	100	10%	$ 1,000	0	0
Total	1,000	100%	$10,000	$1,000	$10,000

COST ALLOCATION PLAN

(312) 736.2832
info@matcchfoundation.org
www.matcchfoundation.org/crhi
601 S. California, Chicago, IL 60612

Collaborative to Reverse Health Inequities (CRHI)
COST ALLOCATION PLAN

Purpose

The purpose of this cost allocation plan is to summarize, in writing, the methods and procedures that this organization will use to allocate costs to various programs, grants, contracts and agreements.

OMB Circular A-122, "Cost Principles for Non-Profit Organizations," establishes the principles for determining costs of grants, contracts and other agreements with the Federal Government. **Collaborative to Reverse Health Inequities (CRHI)** Cost Allocation Plan is based on the Direct Allocation method described in OMB Circular A-122. The Direct Allocation Method treats all costs as direct costs except general administration and general expenses.

Direct costs are those that can be identified specifically with a particular final cost objective. Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.

Only costs that are allowable, in accordance with the cost principles, will be allocated to benefiting programs by CRHI.

General Approach

The general approach of CRHI in allocating costs to particular grants andcontracts is as follows:

1. All allowable direct costs are charged directly to programs, grants, activity, etc.
2. Allowable direct costs that can be identified to more than one program are prorated individually as direct costs using a base most appropriate to the particular cost being prorated.
3. All other allowable general and administrative costs (costs that benefit all

programs and cannot be identified to a specific program) are allocated to programs, grants, etc. using a base that results in an equitable distribution.

Allocation of Costs

The following information summarizes the procedures that will be used CRHI beginning April 1, 2021:

1. **Compensation for Personal Services** - Documented with timesheets showing time distribution for all employees and allocated based on time spent on each program or grant. Salaries and wages are charged directly to the program for which work has been done. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's salaries to the total of such salaries (see Example 1). Costs that benefit all programs will be allocated based on the ratio of each program's salaries to total salaries (see example 2).

    1. Fringe benefits (FICA, UC, and Worker's Compensation) are allocated in the same manner as salaries and wages. Health insurance, dental insurance, life & disability and other fringe benefits are also allocated in the same manner as salaries and wages.

    2. Vacation, holiday, and sick pay are allocated in the same manner as salaries and wages.

2. **Travel Costs** - Allocated based on purpose of travel. All travel costs (local and out- of-town) are charged directly to the program for which the travel was incurred. Travel costs that benefit more than one program will be allocated to thoseprograms based on the ratio of each program's salaries to the total of such salaries(see Example 1). Travel costs that benefit all programs will be allocated based onthe ratio of each program's salaries to total salaries (see Example 2).

3. **Professional Services Costs** (such as consultants, accounting and auditing services) - Allocated to the program benefiting from the service. All professional service costs are charged directly to the program for which the service was incurred. Costs that benefit more than one program will be allocated to those programs based on the ratio of each program's expenses to the total of such expenses (see Example 3). Costs that benefit all programs will be allocated based on the ratio of each program's expenses to total expenses (see Example 4).

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E	100	10%	$ 1,000	$ 110	$ 1,110
G&A	100	10%	$ 1,000	0	0
Total	1,000	100%	$10,000	$1,000	$10,000

600 Grant Street Gary, Indiana 46402

"Not One More Life, One More Day"

P.O.P. Fact Sheet

Mission:

To prevent and alleviate Youth Violence, while inspiring healthy lifestyles, positive behaviors, and accessible career opportunities.

Vision:

P.O.P. (Project Outreach and Prevention) Foundation is a 501c3 not-for-profit organization created to target youth in Northwest Indiana and the Chicagoland area. The vision of POP is to provide outreach services, educational seminars, as well as college and career readiness opportunities. We foster healthy lifestyles and positive behaviors by working with community partners to create a safe, fulfilling and academically enriching environment.

The Founders:

P.O.P. was founded in 2014 by Dr. Mike McGee (Chief of ER, Methodist Hospital) and Dr. Reuben Rutland (Chief of Trauma, Methodist Hospital).

Impact:

- 2014-18: 15,00 Students were helped by P.O.P. Youth Violence Prevention Initiatives
- 2017-18: Over 5100 students were taught how to Stop the Bleed
- 14 SAVE Chapters started in NWI / 5 SAVE Chapters started in Chicago
- Over 200 Minority Students exposed to Health Profession Enrichment Program
- Over 20 Merit Health Scholarships given
- 15 of the recipients are in pre-med programs in major colleges and universities
- 6 NWI Graduates hired in ER Medical Scribe / Intern Program

Core Programs:

HPEP Freshmen to MD Program: A career shadowing program that provides seminars for students to learn the path to medical careers while they are in high school. Children gain exposure to colleges, hospitals, medical schools and community agencies.

National SAVE (Students Against Violence Everywhere) Day: A student peer-led program that strives to decrease the potential for violence and risky behaviors in schools and communities through student involvement, education and service opportunities.

Scholarship Luncheon: An annual event to recognize the accomplishments of students and award scholarships to graduates going to college.

Youth Violence Prevention Bus Tour: a traveling group of Doctors and community leaders who promote peace and support student led efforts.

National Youth Violence Prevention Leadership Conference: an initiative that provides resources and inspiration for children to lead peace efforts in their schools and community.

5K Walk/Run/Bike Fundraiser: Annual Fundraiser to support the POP Scholarship Fund

Websites: www.nwipop.org or www.chipop.org

CAPABILITIES STATEMENT

PREMIER HEALTH NETWORK

BUSINESS

Premier Urgent Care & Occ-Health
Address: 1301 E. 47th St. 60653
Phone: (773) 891-2890
Fax: (773) 891-4107
Email:

PremierCareChicago@Gmail.com
Web:

PremierUCChicago.com

EIN: 82-5495697
DUNS: 052568216

DEPARTMENTS

- **Urgent Care**
- **Occupational Health**
- **Primary Care**
- **Integrative Care**

NAICS CODES

621999 - Ambulatory Health Care Serv.

621111 - Offices of Physicians

621493 - Freestanding Ambulatory Surgical & Emergency Centers

COMPANY OVERVIEW

Premier Urgent Care was formed by Emergency Medicine Physicians, Airron Richardson, MD, MBA, and Michael McGee, MD, MPH, FACEP, as well as, Trauma Surgeon, Reuben Rutland, MD, MBA, in 2018. Our experience working in an Emergency Department at Methodist Hospital in Gary, Indiana, enabled us to understand the importance of affordable, competent acute care in communities of need. We provide outstanding and efficient healthcare while working expeditiously to exceed the expectations of our patients. Our approach is to deliver individualized patient care with compassion and our personal commitment to follow best practices grounded in evidence-based medicine.

While our staff is certainly highly-trained and educated in all areas of medicine and healthcare, it's our compassion that sets us apart from the rest. When you visit our urgent care center, you are met with a friendly face and competent staff members who are here to help you every step of the way.

OUR PRINCIPLES

· Integrity - We are committed to an honest, accurate and straightforward approach when it comes to providing you and your family with the most transparent healthcare services possible as part of our urgent care clinic in Chicago.

· Service - Committed to 100 percent patient satisfaction, our staff is well-trained and educated in the technical aspects of the job, to be sure, but we are also mindful to treat patients like they are family. We treat you the way we would want to be treated, with diverse availability of services and options that put you at ease.

· Compassion - Our urgent care clinic is built on kindness, caring and a willingness to help others. In fact, compassion forms the very foundation of our business, fueling our desire each day to meet and exceed our patients' needs not just through technical proficiency but through kind, compassionate care as well.

SERVICES

- **COVID-19 Testing**
- **Vaccinations**
- **Abrasions/Scrapes**
- **Abscesses (boils)**
- **Bites (animal & human)**
- **Fractures (broken bones)**
- **Burns**
- **Colds & Cough**
- **Conjunctivitis (pink eye)**
- **Contusions (bruises)**
- **Hand/Foot Injuries**
- **Eye/Ear Injuries**
- **STD Screenings & Treatment**
- **UTI Testing**
- **Influenza (Flu)**
- **Muscle Injuries (Strains)**
- **Minor Nose Bleeds**
- **Rashes**
- **Sinus Infections**

PAST PERFORMANCES/EVENTS

Occupational Health: Large Volume On-Site COVID-19 Testing

· Brilliant Earth	**04/02/2021**
· Kraft Heinz	**03/03/2021**
· Chicago Shakespeare Theatre	**02/26/2021**
· Scientel Solutions	**01/18/2021**
· Aztec Plastic	**12/23/2020**
· Apex Logistics International	**12/14/2020**

NATIONAL Minority Supplier Development Council

COLLABORATIVE TO REVERSE HEALTH INEQUITIES

LETTERS OF COMMITMENT

PREMIER HEALTH NETWORK

MATCH FOUNDATION

DATE: April 8, 2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East
Springfield, IL 62763

RE: **Subrecipient Letter of Commitment**

Opportunity: IHFS Health Transformation Collaboratives Grant

To Whom It May Concern:

As President and CEO of Premier Health Network, we are pleased to share our letter of commitment in support of the Collaborative to Reverse Health Inequities (CRHI) mission to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities.

Historically, Premier Health Network (PHN), LLC was formed by Emergency Medicine Physicians, Airron Richardson, MD, MBA, and Michael McGee, MD, MPH, FACEP, as well as, Trauma Surgeon, Dr. Reuben Rutland, MD, MBA, in 2018. Our experience working in an Emergency Department at Methodist Hospital in Gary, IN enabled us to understand the importance of affordable, competent acute care in communities of need. We were presented with an opportunity to partner with a prominent University of Chicago Orthopedic Surgeon, Greg Primus, MD to open a medical center on the south side to bridge the gap in healthcare disparities for individuals in underserved neighborhoods. ***As the first all-black owned comprehensive urgent care on Chicago's south side****, we have been able to provide a service many of our patients may have never experienced before. We are known for having caring and competent providers/staff who always put the patient's needs first.*

Premier has operated in the Hyde Park area since 2018. We are well-known throughout the community because of nonclinical initiatives, such as conducting youth programs for careers in medicine, adolescent health and youth violence prevention. We have also hosted multiple community mask giveaways and free COVID-19 Testing since the pandemic began. As a multi-specialty clinic, we have experience treating a wide range of ailments, diseases, and injuries. We are well known for providing excellent, competent, caring services with outstanding customer service.

1301 East 47th Street Chicago, Illinois 60653
Telephone: 773-891-2890 · Fax: 773-891-4107

Premier Urgent Care and Occ-Health Center has been conducting COVID-19 testing at our Urgent Care Center since March 2020. After recognizing a demand for on-site testing with companies, we expanded our Occupational Health Services in August of 2020 to accommodate businesses. Our occupational health program has provided onsite Covid-19 testing services to organizations of various sizes. We currently have partnerships with Apex Innovations, Chicago Shakespeare Theater, Scientel Solutions, and The Kraft Heinz Company to name just a few.

Working in conjunction with CRHI, we are committed to dedicating a host of support and health-based services to improve health disparities to community areas ravaged by and disproportionately impacted by historical economic disinvestment and health inequities. Through this collaboration, not only are we committed to making a difference, but we are also steadfast on delivering the results the Chicagoland area needs in these trying times. As a group of 100% Black Owned Physicians in a South Side medical complex with other Black Physician specialists, we seek to dramatically increase the care of residents on the South Side of Chicago via a concerted effort of multiple entities who look like the community we serve.

The overall objective is for **Premier Health Network** to function essentially as the lead facilitator for all the targeted health conditions (Colon Carcinoma; Chronic diseases such as Hypertension, Diabetes, Obesity; COVID 19 Disease; and Urban Violence) with a specific focus on COVID Pandemic and Youth Violence Prevention. We will be working with a consortium of concierge nurses, Cook County Physicians Association, Federally Qualified Health Centers (FQHC), South Side Practicing Physicians, as well as, Churches and Community Partners established Health and Wellness staff.

Premier Health Network has the following departments:

Premier Urgent Care which provides acute care is a fully independent, comprehensive urgent care with a full-service laboratory and an xray suite.

Premier Primary Care: Specializes in health promotion, disease prevention, health maintenance, digital monitoring with MIMI Rx, counseling, as well as, diagnosis and treatment of acute and chronic illness.

Premier Integrative Medicine: Specializes in chronic disease management and prevention, lifestyle medicine, spiritual and herbal medicine consultation, as well as, nutrition counseling and management.

Last, we are currently working to implement ***Behavioral Health Medicine*** services for patients with subacute and long psychiatric diagnoses.

We plan to utilize our anticipated subaward in the amount of $165 K x 3 = $496 K to:

COVID Pandemic Initiatives:

- **Education, Detection, and Prevention of COVID 19**
    - Provide ongoing education on COVID Complications, Updates, and Vaccines as Nutrition, Exercise, and Treatment Regimens via Virtual Community Webinars and Podcast
    - Provide ongoing Rapid COVID and PCR COVID Testing (Nasally and via Saliva)
        - Provide Ongoing monitoring of patients via digital software (MIMI RX) which will allow us to persistently monitory + COVID Patients at home via telemedicine. We would be able to advise patients on the need to go to the hospital for worsening COVID Symptoms (low O2 Saturations or worsening symptoms).

        - This can be done on a mass scale at the adjacent CSP Sports complex (Size of a Football Field) for a rental fee
        - Would enable us to hire more staff and employment opportunities (medical assistants, nurses, lab techs, etc) for residents on the South Side
    - Provide ongoing Vaccinations and marketing to the Black and Brown Communities
        - This can be done on a mass scale at the adjacent CSP Sports complex (Size of a Football Field) for a rental fee
        - Would enable us to hire more staff and employment opportunities (medical assistants, nurses, lab techs, etc) for residents on the South Side
    - ***Utilize a Mobile COVID RV to provide the above-mentioned services to our community partners all over the South Side on a weekly basis***
        - Would enable us to hire more staff and employment opportunities (Drivers, medical assistants, nurses, etc) for residents on the South Side
- **Provide Best Practices for Centers of Excellence for Clinical Trials involving minority patients**
    - Instill trust in the benefits of Research Clinical Trials for diseases that adversely affect Black and Brown Communities
        - Provide 4 virtual webinars and podcasts with experts on clinical research
    - We currently are involved in a clinical trial for prevention of severe COVID 19 in African American Patients using Nitric Oxide Based Therapeutics
- **Treat Long Term Effects of COVID**
    - Post-Acute COVID Syndrome (Long Haulers, Chronic) Clinic: will be started to address the chronic disease of COVID. This syndrome is characterized by persistent symptoms (fatigue, shortness of breath, brain fog, bodyaches, cough, GI Symptoms, chest pain, tachycardia, tinnitus, loss of smell and taste, dizziness, etc.) and/or delayed or long-term complications beyond 4 weeks from the onset of symptoms. May last up to 3 months – I year.
        - Provide primary care which includes reassurance, nutrition, treatment regimens including vitamins (D, C, turmeric, etc) as well as OTC Nitric Oxide.
            - Hire more medical staff (Nurses, NPs, Physician Assistants, Primary Care MDs, Neurologists, Therapists)
    - COVID Behavioral Health Clinic: Studies show that 1/5 COVID Patients will experience insomnia, anxiety, depression, covid psychosis.
        - Provide behavioral health which includes reassurance, groups and supportive therapy, and medical treatment with therapeutics as a last resort
            - Hire more medial staff (Nurses, Psychologists, Psychiatrists, NPs, Physician Assistants

CHRONIC DISEASE INITIATIVES

- Improved Community Health Care Outcomes for Colon Ca, Hypertension, Diabetes, Obesity
    - Colon Carcinoma
        - Education and Prevention via partnership with Cook County Physician Association (CCPA) and Community Partners
        - Referrals to Black and Brown GI Specialist in community via nurse concierge, Premier Health Network, FQHCs, CCPA, and Community Primary Care Physicians
            - Cologuard Screening / Colonoscopy
    - Chronic Diseases: Hypertension, Diabetes, Obesity

- Increase expansion of continuous monitoring and digital monitoring via MIMI RX by enlisting patients, Medical Staff and Community Partners Health & Wellness Staff.
- Education and Prevention
- Persistent Monitoring
- Treatment and Improvement

COMMUNITY PARTNER HEALTH INITIATIVES

- **Work with collaborating partners**
  - Partner with Cook County Physicians Association
    - Collaborate on Ongoing Health Fairs (at our CSO Sports Complex for a rental fee), virtually or at community center such as Blue Door Morgan Park
    - Community Education (Virtual, Podcast, or in-person)
    - Community Wellness (Virtual or in-person: Parking lot or CSP Sports Complex)
      - Exercise with a doc
      - Mindfulness with your MD
      - Preventative Screenings
    - Create 4 culturally relevant educational podcasts and webinar on health topics that affect minority communities (Colon CA, Diabetes, Hypertension, Obesity, Post-Acute COVID Syndrome, Nutrition, Glaucoma)
  - Partner with Community Churches and Partners
    - Collaborate on ongoing Health Fairs, Health Screenings, Physical Exams, Vaccinations, and/or COVID Testing
  - ***Utilize a Mobile COVID RV to provide the above-mentioned services to our community partners all over the South Side on a weekly basis***

Please review our fully executed Memorandum of Understanding (MOU), as we align with one common goal of achievement and advancement. As always, feel free to reach out to me for any additional questions and/or next steps. (INSERT YOUR CONTACT INFO HERE).

Thank you in advance for your time and attention.

Sincerely,

Michael A. McGee, MD, MPH, FACEP

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President and CEO, Premier Health Network

1301 E. 47th Street

Chicago, IL 60653

MATCH FOUNDATION

(312) 736.2832
info@matcchfoundation.org
www.matcchfoundation.org
601 S. California, Chicago
IL 60612

April 8, 2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East Springfield, IL 62763

RE: Letter of Commitment for the Collaborative to Reverse Health Inequities

To Whom It May Concern:

My name is Isaac Palmer, President of the MATCCH Foundation. MATCCH stands for Minority Access to Comprehensive and Coordinated Healthcare. The organization was born from its founders, myself and Charles Joseph, wanting to give to our community after witnessing the two pandemics of 2020: the corona virus pandemic and the racial pandemic on display after the killing of George Floyd.

We committed that day to reach out to all the community and protest groups on the Southside of Chicago and simply ask: How can we help with healthcare on the Southside? What came back from multiple groups was mental health awareness and services.

The MATCCH Foundation plans on using it's $50,000 sub award to continue and enhance it's mental health activities in the community by:

1. Bringing Black mental health professionals to the streets of Chicago where the workers of the informal economy are. We have developed a mental health questionnaire that can be completed on the spot and then refer the individual to existing services if necessary.
2. Bringing Black mental health professionals to the high schools to promote awareness and remove the stigma associated with asking for health. We will conduct seminars and classroom visits. Blacks need to learn it's okay to sit with their trauma early to avoid the onset of mental illness later in life. This is prevention.
3. Conduct free "rap therapy" sessions for Black men in the community.

As a member of the Illinois Mental Health Planning Advisory Council, I know well the shortage of dollars available to mental health. Thank you in advance for your time and attention.

Sincerely,

Isaac Palmer, President

1301 E. 47th Street, Chicago, IL 60653

DATE: **April 8, 2021**

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East
Springfield, IL 62763

RE: **Subrecipient Letter of Commitment**

Opportunity: IHFS Health Transformation Collaboratives Grant

To Whom It May Concern:

As the Founder and President of Project Outreach and Prevention (POP), LLC, we are pleased to share our letter of commitment in support of the Collaborative to Reverse Health Inequities (CRHI) mission to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities.

P.O.P. (Project Outreach and Prevention) Foundation is a 501c3 not-for-profit organization created to target youth in Northwest Indiana and the Chicagoland area founded in 2014 by me and Emergency Medicine Physician and Chief of Emergency Medicine at Methodist Hospital in Gary Indiana. The vision of POP is to provide outreach services, educational seminars, as well as college and career readiness opportunities. We foster healthy lifestyles and positive behaviors by working with community partners to create a safe, fulfilling and academically enriching environment. We have a location in NWI since 2014 and since 2020 we have been operating an office at Premier Health Network at 1301 E. 47th Street, Chicago, IL 60653. The President of Premier Health Network is also the Founder of POP on Youth Violence DBA POP Foundation, LLC.

Working in conjunction with CRHI, we are committed to dedicating a host of support and health-based services to improve health disparities to community areas ravaged by and disproportionately impacted by historical economic disinvestment and health inequities. Through this collaboration, not only are we committed to making a difference, but we are also steadfast on delivering the results the Chicagoland area needs in these trying times. As a nonprofit group of 100% Black Owned Physicians in a South Side medical complex with other Black Physician specialists, we seek to dramatically increase the care of residents on the South Side of Chicago via a concerted effort of multiple entities who look like the community we serve.
The overall objective is for **POP on Youth Violence, LLC** to function essentially as the lead facilitator for all on COVID Pandemic as it pertains to youth and Youth Violence Prevention. We will be working with a consortium of concierge nurses, Cook County Physicians Association, Federally Qualified Health Centers (FQHC), South Side Practicing Physicians, as well as, Churches and Community Partners established Health and Wellness staff to facilitate this.

Here are some of the programs that POP has been doing already:

Mask On, Violence Out (MOVO)
Mask On, Violence Out (MOVO) is a challenge for youth to showcase an innovative mask (green, blue, orange, or purple) with a message in a video to promote reducing the spread of

COVID or share an anti-violence message. The contents of the videos can be rap, singing, dancing, or spoken word. It's an opportunity for youth to take a stand against the spread of COVID as well as violence in their schools, neighborhood, or communities. Submissions are voted on and winners will receive cash prizes up to $1,000. This teaches youth the value of wearing face masks in public to mitigate the spread of COVID-19, while preventing youth violence. This challenge will serve as a fun and engaging exercise to discuss the importance of safety and social distancing while encouraging violence prevention initiatives during an unprecedented time.

Goals:

- Promote awareness about prevention of COVID-19 and Violence,
- Decrease the digital divide and promote technology utilization,
- Develop continuous communication with the youth.

Health Professions Enrichment Program

HPEP is a program designed to give our youth a head starts on preparing for their future career endeavors. The goal of HPEP and LPEP is to strengthen the academic proficiency as well as the career development of students who are underrepresented in the health professions.

Activities:

• Academic enrichment in the basic sciences and quantitative topics
• Learning – and study skills development –including methods of individual and group learning
• Clinical exposure through small-group clinical rotations in health care settings, simulation experiences, and seminars.
• Career development sessions directed toward exploration of the health professions, the admissions process, and the development of an individualized education plan.
• A financial literacy and planning workshop that informs students of financial concepts and strategies.
• Virtual Hands Only CPR and Stop the Bleed
• Scholarships given to seniors

Emotional Stress Seminars and Counseling

High schoolers have to learn how to “sit with their trauma.” This is a quote from a mental health professional that we will bring to kids that live in neighborhoods with high stress events. This isn’t mental health counseling. This is mental health teaching. We go through some simple strategies to help kids acknowledge and understand trauma and techniques they a use on their own to heal.

Public Health Initiative

Teach Virtual "Hands-Only CPR and How to Stop the Bleed" to all minority students and youth at risk in Chicago and NWI.

We plan to utilize our anticipated subaward in the amount of $100 K x 3 = $300 K to:

1. **Utilize Project Outreach and Prevention (POP) as innovative resource toolkit**
   a. www.poponviolence.org - revise website: 3 best practices template

2. **Violence Awareness Campaign: epidemiology of gun violence, impact,** health disparities associated w/firearm violence & effects upon our youth
   a. Media Blitz: Public Service Announcements (PSAs), Commercials, Media (Social Media, Radio, TV) involvement, etc.
      i. Seminars on *Firearm Violence with a Focus on Health Disparities*: Leadership and Advocacy (LAC)
      ii. Conduct Seminars, lectures, workshops to adults, youth (Stats, etc)
   b. Conduct Youth Violence Prevention Conferences with Cook County Physicians Association (CCPA), Community Churches and Partners

i. Collaborate on Ongoing Health Fairs (at our CSO Sports Complex for a rental fee), virtually or at community centers of Partners (Churches, etc)

3. **Health Enrichment (Mentoring): minority students to MDs, Dentists, etc**
   a. Inspire Healthy lifestyles and behaviors (No drugs, opiates, STIs)
   b. Promote college and career readiness (STEM Programs)
   c. Partner with Diversity, Inclusion, and Health Equity Mentoring Project
   d. Health Professions Enrichment Program: Freshmen (9th gr) to MD
      i. 1-Page "How to Get into Med School" Guideline created by POP
      ii. Partnership with Chicago Based Program for year-round mentoring program - I Am Able (www.iamabel.org): "Best Practices" medical mentoring program
4. **Youth Violence Prevention: Best Practices for Prevention**
   a. Students Against Violence Everywhere: www.nationalsave.org: Peer to peer program for Best Practices for prevention violence in high schools and encourages youth to take charge of keeping their friends, schools, and community safe.
      i. Become CPS Vendor and start programs in all schools in catchment area
         1. Increase number of SAVE Programs in elementary, middle school, and high school
      ii. Consider other Best Practices Programs for Prevention
         1. Peacebuilder's program: reduce child aggressive behaviors K-5
         2. Resolving Conflict Creativity Program (RCCP): conflict resolution
            a. Policy: Teach Violence Prevention and Conflict Resolution in schools
         3. Holistic Me (meditation replacing detention): www.hlfinc.org
         4. Teach adults: Child Access Prevention (CAP) and implement laws
5. **Intervention, Healing, and Recovery: Best Practices for Intervention**
   a. Widespread Initiative: certify youth in "Stop the Bleed" & "Hands Only CPR
      i. Using Virtual Video created already
         1. Black and Brown Hands Across American: Until Help Arrives!
      ii. Kings Against Violence Initiative (KAVI): www.kavibrooklyn.org
      iii. Work with Chicago Center for Youth Violence Prevention (CCYVP): protect/treat victims of family violence and sexual assault
      iv. Work with Recovery & Empowerment after Community Trauma (REACT)
      v. Work with Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative
6. **Develop Intense Interventional Program with Commander Patricia Casey of Chicago Police Youth Investigations**
   - **PILOT: CODE BLUE: Strengthening the Relationships between Youth, Law Enforcement, & Community**
     i. Rationale:
        1. Increase public safety, trust between youth, law enforcement, and the community
        2. Reduce incidents of Youth Violence, recidivism, and promote Healthy Well Being
   b. **Implement** with **Restorative Justices**, Understanding of ACE and Emotional Intelligence, etc.
   c. Law Enforcement will teach Hands Only CPR and H2STB and MEDITATION SKILLS
   d. **Quarterly CHAT Sessions** w/ SAVE Leaders from Various Schools, Law Enforcement, Community

7. Ensure widespread adoption of innovative and effective programs
Tactic 1: "Not One More Life Challenge! (Individual Contests)
#NotOneMoreLifeOneMoreDay

- **i. Campaign to raise awareness about the importance of youth wearing masks and preventing violence**
- **ii. Start Media Campaign on South Side Chicago with all youth in Fall**
- **iii. Measure success, then extend to Spring Challenge for Groups of Youth**
- **iv. Large Scale School Not One More Life Challenge in Fall: competition against schools**

Tactic 2: Consider organizing **target group of mentees or consultant to devise app** used to engage the principals of Project, Outreach, and Prevention (POP) to be used a resource tool for Best Practices for violence prevention/intervention and/or as an engagement tool for youth to share **Not One More Life videos** and positive videos/happenings in Urban Communities

- **v. App engages students all across the country for economic opportunities, conflict resolution workshops, family related concepts, messaging, important digital events, etc.**
- **vi. APP to survey pre and post students on various prevention and interventional programs: Could get sponsors to make it incentive based**
  1. **Would be heavily coveted for youth data by interested groups**
  2. **Research and Grant Opportunities**

8. Partner & create various MOUs w/ organizations throughout the South Side to use APP

a. All Public, Charter, and Private schools as well as community based and church program

9. **Financial Literacy for the Youth** - Churches: partnership with WINDS Wealth Building Center
   a. George C. Fraser (Wealth and Health Initiative): also, source of FUNDING.

10. Treat Long Term Effects of Emotional Trauma of Violence

a. Youth Violence Behavioral Health Clinic:
   i. Provide behavioral health which includes reassurance, groups and supportive therapy, and medical treatment with therapeutics as a last resort
   ii. Hire more medial staff (Nurses, Psychologists, Psychiatrists, NPs, Physician Assistants

Please review our fully executed Memorandum of Understanding (MOU), as we align with one common goal of achievement and advancement. As always, feel free to reach out to me for any additional questions and/or next steps at 219-730-7790 or mmcgee_md@yahoo.com.

Thank you in advance for your time and attention.

Sincerely,

Michael A. McGee, MD, MPH, FACEP
Founder and President, Project Outreach and Prevention on Youth Violence, INC
1301 E. 47th Street
Chicago, IL 60653

1250 S. Grove Ave., Suite 200, Barrington, IL 60010

admin@usminoritycontractors.org 52-5010

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1250 S. Grove Ave., Suite 200, Barrington, IL 60010

Cook County Phys c ans Assoc at on
PO Box 805218
Ch cago, I no s 60680 4413

April 8, 2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East Springfield, IL 62763

RE: Subrecipient Letter: IHFS Health Transformation Collaboratives Grant

To Whom It May Concern:

My name is Dr. Stephen Watson. As President of Cook County Physicians Association, I am pleased to share our letter of commitment in support of the Collaborative to Reverse Health Inequities (CRHI) mission to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities.

The National Medical Association (NMA) was formed in 1895 at a time when African American physicians were not allowed to join the American Medical Association. The National Medical Association was "*Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of the American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of medicine*…" Charles V. Roman, M.D. NMA Founding Member and First Editor of the JNMA 1908.

The Cook County Physicians Association (CCPA), which is the 110-year-old local society of the National Medical Association was founded in the same American environment in 1911 by Dr. George Cleveland Hall. CCPA is in Region IV of NMA and has among its membership the Immediate-Past President of the national organization. CCPA has a long history in providing scholarship and service to the state of Illinois. Until recently, CCPA was the only local chapter of NMA in Illinois, we have since chartered a smaller chapter in central Illinois.

The Cook County Physicians Association was founded in order to address racial, political, and economic problems in the delivery of medical care and education, especially as they impact African Americans. Among the goals of the CCPA, is the desire to increase the number of African American physicians, as this is one of the critical issues of this time. We achieve this goal by providing approximately $15,000 in scholarships annually to medical students in the Chicagoland area. We have active members at most hospital systems across the state of Illinois, and a strong presence within every safety net hospital in the city of Chicago. In addition, we have active collaboration with Prairie State Medical Society.

Cook County Phys c ans Assoc at on
PO Box 805218
Ch cago, I no s 60680 4413

Working in conjunction with CRHI, we are committed to dedicating a host of support and health based services to improve health disparities in community areas ravaged by and disproportionately impacted by historical economic disinvestment and health inequities as a result of systemic racism. Through this collaboration, not only are we committed to making a difference, but we are also steadfast on delivering the results the Chicagoland area needs in these trying times. As a group of minority physicians, we maintain our organization as a non-profit. In this collaboration we seek to provide access to minority physicians in various capacities including, but not limited to, presentations of educational topics and current research. We also seek to provide access to preventative screenings and professional services via community events, specifically in areas with the largest health disparities. Another mission of CCPA is to increase the number of minority physicians, and during these critical times, research has shown when patients have access to race concordant care there is better communication which leads to improved patient outcomes. With the inequities and high mortality exposed by COVID-19, our minority communities are traumatized and need the ability to communicate those experiences. We look to utilize this collaboration as a vehicle to provide mentorship and guidance to aspiring minority physicians who possess the capability to be the healers of our communities.

Our overall objective is to reduce the impact of social determinants on population health and improve patient outcomes by providing access to a network of minority physicians who are underrepresented in medicine, and who possess expertise in cultural competence, race concordant care, and integrative approaches to medicine. We aim to provide educational resources and professional services that will aid in improving relationships between patients and medical providers, thus improving trust in the medical system. We strive to increase the number of minority physicians in medicine by providing scholarships to assist with the costs of medical education and mentorship to aid in professional and career development.

We plan to utilize our anticipated subaward in the amount of $150,000 over 3 years to:

1. Collaborate in quarterly health fairs (four health fairs per year); virtually or at community center such as Blue Door Morgan Park
    a. Community Education (Ask a doc)
    b. Community Wellness
        i. Exercise with a doc
        ii. Mindfulness with your MD
        iii. Preventative screenings
2. Assist with development of four culturally relevant educational podcasts and webinars on various health topics including but not limited to ailments most often affecting minority

Cook County Physicians Association
A Chapter of National Medical Association

Cook County Phys c ans Assoc at on
PO Box 805218
Ch cago, I no s 60680 4413

communities (i.e. Diabetes, Hypertension, Obesity, Post-Acute Covid Syndrome (long haulers), Nutrition, Glaucoma)

3. Provide ten ($1000) scholarships to pre-medical and medical students from the Chicagoland area on behalf of the collaboration in the spirit and mission of CCPA. Students will be selected based on scholarship and service to the community. Students will be awarded at the annual CCPA Scholarship Fundraiser. CCPA will continue to annually fundraise and provide $15,000 in scholarship annually to medical students in the Chicagoland area.
4. Collaborate in youth violence prevention events including participation in two conferences per year and two medical seminars. CCPA will deliver workshops on overdose prevention and Naloxone training. We will also assist with CPR and Stop the Bleed workshops. CCPA will help to garner relationships with students interested in medicine and introduce them to pipeline programs in the community.

Please review our fully executed Memorandum of Understanding (MOU), as we align with one common goal of achievement and advancement. As always, feel free to reach out to me for any additional questions and/or next steps. Swatso5@gmail.com or ccpaphysicians@gmail.com, 708-921-3048.

Thank you in advance for your time and attention.

Sincerely,

Stephen Watson M.D.
CCPA President
Ophthalmology Physician
Edward Hines Jr. VA Hospital
Northwestern Memorial Hospital
Near North Health Service Corporation: Komed Holman Health Center
Swatso5@gmail.com
708-921-3048

April 7, 2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East
Springfield, IL 62763

RE: **Subrecipient Letter of Commitment**
Opportunity: IHFS Health Transformation Collaboratives Grant

To Whom It May Concern:

As Bishop of Northern Illinois Jurisdiction Church of God in Christ, we are pleased to share our letter of commitment in support of the Collaborative to Reverse Health Inequities (CRHI) mission to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities.

NIJ Health Initiative is a Christian organization headquartered in Chicago, IL. that focuses on the spiritual and physical needs of the communities in which it serves. This health initiative was created to improve the health and well-being of individuals who reside in the targeted communities of Chicago, Illinois.

Working in conjunction with CRHI, we are committed to dedicating a host of support and health-based services to improve health disparities to community areas ravaged by and disproportionately impacted by historical economic disinvestment and health inequities. Through this collaboration, not only are we committed to making a difference, but we are also steadfast on delivering the results the Chicagoland area needs in these trying times.

The overall objective is to assist and support churches and community-based organizations in their efforts to promote healthy living among their constituents.

We plan to utilize our anticipated subaward in the amount of $370,020.00 to offer Health Services, Health Fairs, Community Engagement Forums, Trainings, Workforce Development, Blood drives, Virtual Seminars within the targeted communities of Chicago, Illinois.

Please review our fully executed Memorandum of Understanding (MOU), as we align with one common goal of achievement and advancement. As always, feel free to reach out to me for any additional questions and/or next steps, Bishop Edwin M. Walker, (773) 874-3045.

Thank you in advance for your time and attention.

Sincerely,

Bishop E. M. Walker
Northern Illinois Jurisdiction, Prelate

STATE HEADQUARTERS:
FRIENDLY TEMPLE COGIC · 7745 S. STATE STREET · CHICAGO, IL 60619

BISHOP
E.M. WALKER
JURISDICTIONAL PRELATE

MOTHER
N. DORIS RULE
SUPERVISOR OF WOMEN

ADMINISTRATIVE ASSISTANTS
PASTOR HAROLD JAMEAU
CHAIRMAN
BISHOP WARREN DORRIS
SUPT. LEON DANIELS
SUPT. KENNETH HARRIS
SUPT. TOMMY WRIGHT
PASTOR LUTHER GILL (EMERITUS)

SUPERINTENDENTS
PASTOR HAMAN GIBSON
PASTOR EUGENE HODGES
PASTOR DAVE HOWARD
PASTOR JAMES RODGERS
PASTOR BRYANT RULE
PASTOR FRED STARLING
PASTOR CLEVEN WARDLOW, JR.
PASTOR SHAWN WOODIE

SECRETARY
PASTOR JOSEPH R. JOYCE, SR.

NIJ Workforce Development Initiative

The NIJ Workforce Development Initiative will help educate individuals in the following areas:

- The building of college and career readiness skills
- Providing quality employment readiness training
- Offering a range of career exploration and work-based learning opportunities

For individuals to thrive in society, they need a strong academic foundation and the knowledge and skills to be successful in the workplace. This is exact.

To make the NIJ Workforce Development Initiative successful, we must have ongoing training sessions with our constituents. We would like to make these sessions free and assessable to the community.

Grant Period: 2021, 2022, 2023

Training
Soft Skill Training
Resume Writing
College/Career Readiness
Employment readiness Training
Career Exploration
Total Cost: $20,000.00 per year

STATE HEADQUARTERS:
FRIENDLY TEMPLE COGIC · 7745 S. STATE STREET · CHICAGO, IL 60619

Northern Illinois Jurisdiction - Health Matters Wellness Initiative
Request for Funding

Proposal Narrative

Organization's mission, history, overall goals and/or objectives.

NIJ Health Initiative is a Christian organization headquartered in Chicago, IL. that focuses on the spiritual and physical needs of the communities in which it serves. This health initiative was created to improve the health and well-being of individuals who reside in the targeted communities of Chicago, Illinois.

MISSION

To improve the health of underserved communities in the Chicagoland area with education, information, and promotion of healthy living twice annually.

GOAL

- Community Health Forums
  - Quarterly Family Health Forums
  - Bi-monthly Women's Health Forums
  - Bi-monthly Men's Health Forums
- Annual Health Fair

OBJECTIVE

Assist and support churches and community-based organizations in their efforts to promote healthy living among their constituents.

BISHOP
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JURISDICTIONAL PRELATE

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SECRETARY
PASTOR JOSEPH R. JOYCE, SR.

Proposed Budget

Organization Name: Northern Illinois Jurisdiction

Project/Program Name: General Operating Expense, Staff Support, Trainings/Workshops and Training Literature

Grant Period: 2021, 2022, 2023

EXPENSES	Budget Year 1	Budget Year 2	Budget Year 3
Executive Director/Event Planner (50%) (Contract- @$10k twice a year)	$ 20,000.00	$20,000.00	$20,000.00
Site Administrator (100%) $5k @twice a year	$10,000.00	$10,000.00	$10,000.00
Staff (5) @$2k each twice a year	$20,000.00	$20,000.00	$20,000.00
Office Supplies & Copying	$10,000.00	$10,000.00	$10,000.00
Facilitators (3) @$500 each twice a year	$3,000.00	$3,000.00	$3,000.00
Blood Pressure Monitors 100 @$37 each	$3,700.00	$0.00	$0.00
Web-site Development & Maintenance (*Initial start-up is more expensive)	$1,000.00	$500.00	$500.00
Chef – Healthy Eating Demonstration and supplies	$2,000.00	$2,000.00	$2,000.00
Community Outreach Health Fair (Entertainment, musical guest, sound equipment, travel stipend)	$10,000.00	$10,000.00	$10,000.00
Security Personnel (3) twice a year	$1,440.00	$1,440.00	$1,440.00
Community Outreach Health Fair (tents, tables, decorations)	$12,000.00	$12,000.00	$12,000.00
Building Rental	$10,000.00	$10,000.00	$10,000.00
Workforce Development	$20,000.00	$20,000.00	$20,000.00
Miscellaneous	$3,000.00	$3,000.00	$3,000.00
Total	**$126,140.00**	**$121,940.00**	**$121,940.00**

BISHOP
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JURISDICTIONAL PRELATE

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PASTOR CLEVEN WARDLOW, JR.
PASTOR SHAWN WOODIE

SECRETARY
PASTOR JOSEPH R. JOYCE, SR.

April 5, 2021

To Whom It May Concern,

I have listed below seven of the churches within the target area codes. These churches are part of my Jurisdiction.

Freedom Temple – 1459 W. 74th Chicago, IL 60636

Family Prayer Band – 6533 S. Cottage Grove Chicago, IL 60637

Roberts Temple – 4021 S. State Chicago, IL 60609

Unity – 821 W. 69th Chicago, IL 60621

Greater Prayer Garden – 5801 S. State Chicago, IL 60621

Holy Ghost Cathedral – 7159 S. Hoyne Chicago, IL 60636

Philadelphia – 1622 W. 61st Chicago, IL 60636

Sincerely,

Bishop E.M. Walker

Northern Illinois Jurisdiction, Prelate

STATE HEADQUARTERS
FRIENDLY TEMPLE COGIC · 7745 S. STATE STREET · CHICAGO, IL 60619

April 8, 2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East Springfield, IL 62763

RE: Letter of Commitment for the Collaborative to Reverse Health Inequities

To Whom It May Concern:

My name is Charles Joseph, VP of Operations for The MATCCH Group, LLC. MATCCH stands for Minority Access to Comprehensive and Coordinated Healthcare. The organization was born from its founders, myself and Isaac Palmer, wanting to give to our community after witnessing the two pandemics of 2020: the corona virus pandemic and the racial pandemic on display after the killing of George Floyd.

In the midst of these pandemics the Black community also grappled with the very real threat of Mercy Hospital closing. My organization was approached by the NAACP Chicago Southside Branch to be a voice in a conversation about systemic change to avoid both the Mercy closing and further safety net hospital closings.

These conversations revealed the need for improved infrastructure planning on the Chicago Southside. The MATCCH Group plans on using it's $115,000 sub award to:

1. Conduct a full assessment of the existing healthcare resources and the gaps in facilities, personnel and equipment that lead to unmet healthcare needs. Unmet healthcare needs ultimately turn into emergency room visits which put a financial strain on hospitals.
2. Make recommendations to virtually link providers and patients with specialty providers not currently physically located in the community. This will increase access for patients and reduce the cost of bringing highly specialized providers to the area for low volumes of patients.
3. Find and/or develop the communication technology to make virtual care and virtual consultations meaningful and effective.

MATCCH Group is fully Black owned and operated. This sub award would require additional data analysts, technicians, social workers and case managers. We will look to fill these roles with individuals that live in the community.

Thank you in advance for your time and attention.

Sincerely,
Charles Joseph
VP of Operations

04/08/2021

Illinois Department of Healthcare and Family Services (IHFS)
201 South Grand Avenue, East
Springfield, IL 62763

RE: **Subrecipient Letter of Commitment**

Opportunity: HFS Health Transformation Collaboratives Grant

To Whom It May Concern:

As CEO of EagleForce Associates, Inc, we are pleased to share our letter of commitment in support of the Collaborative to Reverse Health Inequities (CRHI) mission to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities.

EagleForce Associates, Inc is a nationally recognized technology leader and veteran owned small business (VOSB). Started in April 2011, EagleForce Associates (EFA) and its Health (EFH) subsidiary is a predictive analytics data solutions company based out of Herndon, Virginia with offices in Chicago Illinois. A private sector company, EFH has experience in providing services and technology to the United States Defense Department along with over 17 of the largest international pharmaceutical and laboratory companies in the world. EFA understands that there is a need to transform the healthcare delivery for Medicaid beneficiaries in distressed communities and we stand ready to support this effort in Chicago.

Working in conjunction with CRHI, we are committed to dedicating a host of support and health-based technology and services to improve health disparities to community areas ravaged by and disproportionately impacted by historical economic disinvestment and health inequities. Through this collaboration, not only are we committed to making a difference, but we are also steadfast on delivering the results the Chicago area needs in these trying times. As a group of mainly minority and Veteran personnel, we continually seek the opportunity to leverage technology to address health, education, and housing disparities, and improve the lives of individuals and communities. We are committed to participate with this committed team as we position the company and its assets to better assist the Collaborative to Reverse Health Inequities (CRHI) mission to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities

EagleForce Associates provides this letter of commitment to expand access to self-management programs to Chicago and across the nation. EagleForce Associates (EFA) is offering its web and mobile application- MIMI-Rx that can be used by patients and clinical staff to enhance the self-management of disease through the deployment, education and monitoring of medical devices such as temperature, blood pressure, oxygen levels (via pulse oximetry), heart rate, weight, mobility, blood sugar levels and many other health measures. MIMIRx can store current and past medical

record information (asthma, diabetes, hypertension, heart conditions) as well as immunization information (e.g., COVID-19 and flu vaccine, labs, test, etc.) on a secure platform.

We understand the specific challenges facing racial and ethnic minorities, native, disadvantaged and rural communities and we stand poised and committed to this important initiative. We are a trusted entity in Chicago with clients like Walgreens, CVS, Takada and others and we did specifically placed our offices at 8026 S. Wood St. to target these communities. This facility is known as the Thea Bowman Center, which was named after an awesome spiritual warrior, Sister Thea Bowman, who is now being considered for Sainthood by the Catholic Church. Born December 29, 1937, in Yazoo City, Miss., where after 16 years of teaching, at the elementary, secondary and university level, the bishop of Jackson Miss., invited her to become the consultant for intercultural awareness and she landed in Chicago.

We look forward to continuing the legacy of Ms. Bowman through our participation with this cohort for an impactful and sustainable outcome. We plan to utilize our anticipated subaward in the amount of $25,000 to provide Mobile and Web based health care software solutions in the Chicago area.

As always, feel free to reach out to me for any additional questions and/or next steps.

Thank you in advance for your time and attention.

Sincerely,

Stanley Campbell
CEO
EagleForce Associates, Inc
Email: Stanley.campbell@theeagleforce.net
Ph: 703-864-44898

601 S. California, Chicago, IL 60612

charles@nycenetwork.org

advanc r you e and onsid tion.

Sincerely,

Charles Edwards

Charles Edwards
President, The NYCE Network for Women

NYCE
NETWORK FOR WOMEN

601 S. California, Chicago, IL 60612

COLLABORATIVE TO REVERSE HEALTH INEQUITIES

LETTERS OF SUPPORT

PREMIER HEALTH NETWORK

MATCH FOUNDATION

CATHOLIC CHARITIES *of the* ARCHDIOCESE *of* CHICAGO
HOUSING SERVICES
2601 West Marquette • Chicago, Illinois 60629
slove@catholiccharities.net
312-655-7719

April 5, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

My name is Sharon Love-Williams, Department Director of Housing Services for Catholic Charities of the Archdiocese of Chicago. Catholic Charities is a non-for-profit, 501© (3) community- based organization established in 1910.

Our primary focus is providing social services to individuals in need regardless of gender, ethnicity and social economic status in all communities of Chicago, Illinois and suburban areas. Our organization has office locations in the following target areas which consist of Bronzeville, Englewood, Kenwood, Woodlawn, Hyde Park and South Shore.

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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These barriers, also known as **the social determinates of health**, are why the corona virus has hit this community with higher rates of infection and higher rates of hospitalization and death than the US average. The Southside must be made able to better manage all the conditions and chronic disease it faces to produce more acceptable outcomes.

CATHOLIC CHARITIES *of the* ARCHDIOCESE *of* CHICAGO
HOUSING SERVICES
2601 West Marquette • Chicago, Illinois 60629
slove@catholiccharities.net
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Doing more of the same will not reverse decades of inadequate health management. Bringing healthcare to this Southside population requires bold and innovative action. A new level of health intervention and management will bring improved well-being to my community and constituents, as well as badly needed economic growth and stability.

For black lives to matter, black health must matter, too. Thank you for your consideration.

Sincerely,

Sharon Love-Williams

Sharon Love-Williams

Department Director

The CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

April 5, 2021

Magalie Augustave
Supportive Services for Veteran and Family, Department Director

Dear Director Eagleson,

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Sincerely,

Magalie Augustave

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO
Supportive Services for Veterans and Families (SSVF)
2601 W Marquette Rd.● Chicago, Illinois 60629
Telephone 312.948.6898 Facsimile 312.648.1034

April 2, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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For black lives to matter, black health must matter, too. Thank you for your consideration.

Sincerely,

Bishop E.M. Walker

Northern Illinois Jurisdiction, Prelate

STATE HEADQUARTERS
FRIENDLY TEMPLE COGIC · 7745 S. STATE STREET · CHICAGO, IL 60619

HOHAYE
HOPE FOR HAITIAN AMERICAN YOUTH AND ELDERLY

April 5, 2021

Magalie Augustave,
Coordinator

Dear Director Eagleson,

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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Sincerely,

Magalie Augustave

HOHAYE
2613 Brnot Ave • Waukegan, IL 60087
224.772.7379

AKNOCKATMIDNIGHT
hope. love. faith.

400 W. 76th Street, Ste 206 ♦ Chicago, Illinois 60620
Phone: (773) 488-2960 Fax: (773) 488-2020

April 2, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

My name is Minister Johnny Banks Sr., Executive Director of A Knock At Midnight. AKAM is a non-for-profit, 501© (3) community- based organization established in September of 2003, located on the south side of Chicago, Illiniois.

Our primary focus is providing Prevention Education in the communities of Auburn Gresham, Englewood, West Englewood, and West Chatham. However, our services are also extended throughout the city and surrounding surburban areas

I write in support of the application submitted on behalf of Chicago's Southside by the Collaborative to Reverse Health Inequities (CRHI) for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives.

This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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Sincerely,

Minister Johnny Banks Sr.
Executive Director

Chicago Furniture Bank
4800 W Roosevelt Road
Chicago, IL 60644
312-752-0211

CHICAGO FURNITURE BANK

April 2, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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Chicago Furniture Bank
4800 W Roosevelt Road
Chicago, IL 60644
312-752-0211

CHICAGO FURNITURE BANK

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Sincerely,

Andrew Witherspoon

Co-Executive Director at Chicago Furniture Bank

Chicago Urban League
Opportunity. Community. Impact.

www.ChiUL.org

4510 South Michigan Avenue
Chicago, Illinois 60653-3816
(773) 285-5800 • Fax (773) 285-7772

April 8, 2021

Theresa Eagleson,
Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

Please consider this correspondence in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive and, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market. As an anchor in the black community for over 100 years, the Chicago Urban League understands the critical nature of this work.

Chicagoans on the south side are adversely affected by diseases and medical conditions which, if detected earlier and treated with best practices, would produce better patient outcomes. The CRHI intends to remove systemic barriers on the south side that have resulted in life expectancies which are 5-10 years lower than other parts of the city and Cook County. Even more alarming is that a recent student just revealed that black Chicagoans experience 3,800 excess deaths a year. Put differently, if certain medical interventions were available it is very plausible that the lives of 3800 black Chicagoans might be saved annually.
These barriers, also known as **the social determinants of health**, are why the corona virus has hit our community with higher rates of infection, hospitalization and morbidity than others in the United States. The south side must be made able to better manage all the conditions and chronic disease it faces to produce more acceptable outcomes.

We wholly support the three pillars of the CRHI to partner with community-based organizations; the cultivation of concierge nurses and a team of community health workers to provide integrated care to reduce or remove health barriers; and the development of technology to enhance patient outcomes.

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We are excited about the work of the CRHI because it is wholly consistent with our findings and recommendation in two of our recent publications, "An Epidemic of Inequities: Structural Racism and COVID-19 in Black Communities" (May 2020) and "Disrupt Disparities: Challenges & Solutions for 50+ Illinoisans of Color" (April 2021 publication done with the AARP, Asians Advancing Justice and the Resurrection Project). Both of these publications provide insight into remedies for addressing health disparities in the Black community. It is intent to partner with the CRHI and existing partners to benefit our clients.

We are excited about this collaboration and pledge the full support of the Chicago Urban League for this application.

Sincerely,

Karen Freeman-Wilson
President & CEO

Chicago Urban League
Opportunity. Community. Impact.

www.ChiUL.org

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April 8, 2021

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401 South Clinton
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Karen Freeman-Wilson
President & CEO

April 8, 2021

Department of Healthcare and Family Services
Attn: Theresa Eagleson
401 South Clinton
Chicago, Illinois 60607

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Sincerely,

Rose E. Joshua
Rose E. Joshua, Esq., President

10540 S WESTERN AVENUE • CHICAGO, IL 60643 • 773·429·9830 • chgossnaacp@gmail.com

PASSAGES

Alternative Living Programs, Inc. (PALP)

"Dedicated To Family Advocacy"

April 2, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

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2929 S. Wabash Ave, Suite 200, Chicago, IL 60616
Tel: 312.225.3800 Fax: 312.225.0896

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Sincerely,

Christin Smith
Executive Director

SOPHIA D. KING
ALDERMAN, 4TH WARD

435 EAST 35TH STREET
CHICAGO, ILLINOIS 60616
PHONE: 773-536-8103
FAX: 773-536-7296

CITY OF CHICAGO
CITY COUNCIL

COUNCIL CHAMBER
CITY HALL ROOM 300
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602
PHONE: 312-744-2690

COMMITTEE MEMBERSHIPS

EDUCATION AND CHILD DEVELOPMENT
(VICE-CHAIRMAN)

BUDGET AND GOVERNMENT OPERATIONS

COMMITTEES AND RULES

CONTRACTING OVERSIGHT AND EQUITY

FINANCE

HOUSING AND REAL ESTATE

SPECIAL EVENTS, CULTURAL AFFAIRS
AND RECREATION

TRANSPORTATION AND PUBLIC WAY

PEDESTRIAN AND TRAFFIC SAFETY

April 9, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Director Eagleson,

I write in support of the application submitted on behalf of the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of resources from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in the 4th Ward, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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Sincerely,

Sophia D. King
Alderman, 4th Ward

EQUITY AND TRANSFORMATION

April 2, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,
I write in support of the application submitted on behalf of Chicago's Southside by the Collaborative to Reverse Health Inequities (CRHI) for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

Equity and Transformation (EAT) is a Black community led not for profit organization that organizes Black informal workers throughout Chicago's South and West Sides as well as the Chicagoland area. We provide mutual aid and services to our members. Our base consists of system impacted individuals who have been shut out of the "formal economy". These members have shared experiences of incarceration, intracommunity violence, homelessness, discrimination.....that have caused layers of trauma. In an effort to address this trauma and health issues members face EAT formed a working relationship with Mr. Palmers organization, MAATCH Foundation. Mr. Palmer has shown a true caring and understanding of the obstacles the Black Community faces regarding mental healthcare and general healthcare. We have had the pleasure of collaborating community healthcare events on the west side as well as online that address removing stigmas of mental illness and provide resources to access healthcare.We are thankful for the resources that Mr. Palmer has provided to our individual members. While working with him he has not hesitated at any opportunity to provide thoughtful and through recommendations that fit individual members needs.

As you well know, Chicagoans on the Southside are adversely affected by diseases and medical conditions which, if detected earlier and treated with best practices, would produce more patient outcomes akin to other parts of Illinois. The CRHI intends to remove systemic barriers on the Southside that have created a life expectancy 5-10 years shorter than in other areas of Chicago and Cook County. Even more alarming, as a recent study just revealed, black Chicagoans experience 3,800 excess deaths a year. Said differently, if Black Chicagoans died at the same rate as the rest of the United States, 3,800 lives would be saved every year. These barriers, also known as **the social determinates of health**, are why the corona virus has hit this community with higher rates of infection and higher rates of hospitalization and death than the US average. The Southside must be made able to better manage all the conditions and chronic disease it faces to produce more acceptable outcomes.

The CRHI is built on three pillars:

- All activities are led and directed by community-based organizations;
- Concierge nurses and team of community health workers provide integrated care to lessen or remove social determinate of health barriers; and
- Technology to share health information and provide one-click communication to the patient and the entire clinical team.

While this program is designed for minorities across Chicago with all health conditions, the proposed 3-year pilot project will focus on residents in the neighborhoods of Douglas, South Shore, Englewood and areas in between. The pilot program will focus on residents effected by COVID-19, hypertension, diabetes, colon cancer and gun violence.

Doing more of the same will not reverse decades of inadequate health management. Bringing healthcare to this Southside population requires bold and innovative action. A new level of health intervention and management will bring improved well-being to my community and constituents, as well as badly needed economic growth and stability. Because of our work with the individual organizations that come together as CRHI, we are extremely excited for this program and could not recommend a more dedicated a knowledgeable team that truly has the health of our communities in mind.

For black lives to matter, black health must matter, too. Thank you for your consideration.

Sincerely,
Nicole Laport
Director of Communications
Equity and Transformation
n.laport@eatchicago.org
(773) 877-9393

LIGHTS OF ZION TRAINING INSTITUTE
11636 S. Halsted, Chicago, IL 60628
Phone: 773-785-2996 Fax: 773-785-3319
Website: www.lozministries.com
Email: info@lozministries.com

April 2, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

Lights of Zion Ministries is a non-profit 501c3 organization that proudly serves our community by providing many services such as: food pantry, employment training, recovery support, and wrap around services.

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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Sincerely,

Katrese N. Joyce

Katrese N. Joyce
Administrative Coordinator
Lights of Zion Training Institute

Naturally Urban Environmental Inc.
(773) 392-454
naturallyurban.green.co@gmail.com,
www.naturallyurbanenvironmental.com

April 9, 2021

Illinois Department of Healthcare and Family Services (IHFS)
Health Transformation Collaboratives Grant Program
201 South Grand Avenue, East Springfield, IL 62763

RE: Collaborative to Reverse Health Inequities (CRHI) Letter of Support

To Whom It May Concern:

As President and C.E.O of Naturally Urban Environmental Inc. (NUE,Inc), I am proud to present a letter of support for the **Collaborative to Reverse Health Inequities (CRHI)** interest in furthering the mission and purpose of the Health Transformation Collaboratives Grant Program. As a member of U.S. Minority Contractors Association (USMCA), we stand behind the vision of CRHI, along with USMCA as a subrecipient to serve the health and welfare of the community-at-large.

We are excited to support programs like the Health Transformation Grant, which impacts a host of distressed Chicagoland communities suffering from health disparities. Our organization aligns with CRHI by serving underserved communities impacted by environmental justice crises. NUE,Inc is a women owned minority business that is focused on sustainable real estate and environmental consulting. As an eco-community developer our mission is to serve the people in these communities, while conserving our planet and also support our clients profit goals. It is because of Rev. Larry S. Bullock and the support of the USMCA network that Naturally Urban Environmental Inc., is ready to compete in the new green economy.

As an active member with you USMCA for the last 3 years, Naturally Urban Environmental, Inc. has:

- Obtained Minority Certification Status with State of Illinois
- Established the USMCA REIED and is a current board member
- USMCA STEM Foundation committee member for fundraising banquet since 2018

We strongly support this grant application and the focus on transforming the healthcare delivery system.

Should you require additional information in regards to their capabilities, you can reach me personally at: naturallyurban.green.co@gmail.com, (773) 392-4546, www.naturallyurbanenvironmental.com

Thank you for your time and consideration.

Sincerely,

Victoria Young-Wilson

Mrs. Victoria B. Young-Wilson,
Environmental Scientist and License General Contractor
President/CEO, NATURALLY URBAN ENVIRONMENTAL, INC.

Northern Illinois Jurisdiction COGIC Social Services Department

STATE HEADQUARTERS:
FRIENDLY TEMPLE COGIC · 7745 S. STATE STREET · CHICAGO, IL 60619

April 5, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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For black lives to matter, black health must matter, too. Thank you for your consideration.

Sincerely,

Sharon Williams

Sharon Williams
Social Services Director

NATIONAL YOUTH ADVOCATE PROGRAM

CARING FOR PEOPLE • CONNECTING COMMUNITIES • PROMOTING PEACE

1111 East 87th Street Chicago, Il. 60619 773-374-6100

April 4, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
401 South Clinton
Chicago, Illinois 60607

Dear Director Eagleson,

I write in support of the application submitted on behalf of Chicago's Southside by the **Collaborative to Reverse Health Inequities (CRHI)** for the allocation of dollars from the Illinois Healthcare Transformation Collaboratives. This Collaborative is anchored by two very impressive, well-established community organizations: 1) Premier Urgent Care, led by Dr. Michael McGee (ER physician) with an office in Hyde Park, and 2) The MATCCH Foundation, led by Isaac Palmer, a former hospital CEO with experience in the Chicago market.

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For black lives to matter, black health must matter, too. Thank you for your consideration.

Sincerely,

Nicole Hermon

Nicole Hermon
Youth Advocate

COLLABORATIVE TO REVERSE HEALTH INEQUITIES

MOU & AGREEMENTS

PREMIER HEALTH NETWORK

MATCH FOUNDATION

HEALTH TRANSFORMATION COLLABORATIVES
MEMORANDUM OF UNDERSTANDING
(MOU)

This Memorandum of Understanding (the **"MOU"**) is entered into on April 1, 2021 (the **"Effective Date"**), by and between Premier Health Network with an address of 1301 E 47th Street, Building #2, Chicago, IL, 60653 (the **"Premier Health Network"**) and The MATCCH Foundation with an address of 601 S. California, Chicago, IL 60612, (the **"MATCCH"**), collectively "the **Parties.**"

WHEREAS, the Parties desire to enter into an agreement to deliver community health and integrated care services to the Illinois Department of Healthcare and Family Services (IHFS) Health Transformation Grant Program; and to provide funding for subrecipients to transform the healthcare delivery system for Medicaid beneficiaries in distressed communities.

WHEREAS, the Parties desire to memorialize certain terms and conditions of their anticipated endeavor;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. **Purpose and Scope.** The Parties intend for this MOU to provide the foundation and structure for any and all possibly anticipated binding agreement related to deliver combined community health support to underserved regions in the Chicagoland area. This MOU is an agreement between the Parties to work together in such a manner to encourage an atmosphere of collaboration and alliance in the support of an effective and efficient partnership to establish and maintain objectives and commitments with regards to all matters related to the Health Transformation Grant.

2. **Objectives.** The Parties agrees as follows:
    a. The Parties shall work together in a cooperative and coordinated effort so as to bring about the achievement and fulfillment of the purpose of the MOU.
    b. It is not the intent of this MOU to restrict the Parties to this Agreement from their involvement or participation with any other public or private individuals, agencies or organizations.
    c. The Parties shall mutually contribute and take part in any and all phases of the planning and development of the Health Transformation initiative to the fullest extent possible.
    d. This MOU is not intended to create any rights, benefits and/or trust responsibilities by or between the Parties.

3. **Term.** This Agreement shall commence upon the Effective Date, as stated above, and will continue until program completion.

4. **Termination.** This Agreement may be terminated at any time by either Party upon 30 days written notice to the other party.

5. **Representations and Warranties.** Both Parties represent that they are fully authorized to enter into this Agreement. The performance and obligations of either Party will not violate or infringe upon the rights of any third-party or violate any other agreement between the Parties, individually, and any other person, organization, or business or any law or governmental regulation.

6. **Indemnity.** The Parties each agree to indemnify and hold harmless the other Party, its respective affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from the negligence of or breach of this Agreement by the indemnifying party, its respective successors and assigns that occurs in connection with this Agreement. This section remains in full force and effect even after termination of the Agreement by its natural termination or the early termination by either party.

7. **Limitation of Liability.** UNDER NO CIRCUMSTANCES SHALL EITHER PARTY BE LIABILE TO THE OTHER PARTY OR ANY THIRD PARTY FOR ANY DAMAGES RESULTING FROM ANY PART OF THIS AGREEMENT SUCH AS, BUT NOT LIMITED TO, LOSS OF REVENUE OR ANTICIPATED PROFIT OR LOST BUSINESS, COSTS OF DELAY OR FAILURE OF DELIVERY, WHICH ARE NOT RELATED TO OR THE DIRECT RESULT OF A PARTY'S NEGLIGENCE OR BREACH.

8. **Severability.** In the event any provision of this Agreement is deemed invalid or unenforceable, in whole or in part, that part shall be severed from the remainder of the Agreement and all other provisions should continue in full force and effect as valid and enforceable.

9. **Waiver.** The failure by either party to exercise any right, power or privilege under the terms of this Agreement will not be construed as a waiver of any subsequent or further exercise of that right, power or privilege or the exercise of any other right, power or privilege.

10. **Legal Fees.** In the event of a dispute resulting in legal action, the successful party will be entitled to its legal fees, including, but not limited to its attorneys' fees.

11. **Legal and Binding Agreement.** This Agreement is legal and binding between the Parties as stated above. This Agreement may be entered into and is legal and binding both in the United States and throughout Europe. The Parties each represent that they have the authority to enter into this Agreement.

12. **Governing Law and Jurisdiction.** The Parties agree that this Agreement shall be governed by the State and/or Country in which both Parties do business. In the event that the Parties do business in different States and/or Countries, this Agreement shall be governed by Illinois law.

13. **Entire Agreement.** The Parties acknowledge and agree that this Agreement represents the entire agreement between the Parties. In the event that the Parties desire to change, add, or otherwise modify any terms, they shall do so in writing to be signed by both parties.

The Parties agree to the terms and conditions set forth above as demonstrated by their signatures as follows:

"Premier Health Network"

Signed: Michael A. McGee, MD, MPH, FACEP

By: Michael A. McGee, MD, MPH, FACEP

Date: April 1st, 2021

"MATCCH"

Signed: _____

By: ISAAC PALMER, MBA, FACHE

Date: April 1st 2021

Audrey L. Tanksley, M.D.

Curriculum Vitae

10409 S Wallace St. (773)580-3615 (H)
Chicago, IL 60628 atanksley123@gmail.com

EDUCATION

08/1998-12/2003	Southern Illinois University Bachelor of Science in Biological Sciences BBB Biological Honor Society Iota Zeta Chapter
06/2005-05/2009	Southern Illinois University School of Medicine Doctor of Medicine
07/2013-08/2013	Summer Program in Outcomes Research Training (SPORT) University of Chicago Medical Center

GRADUATE MEDICAL EDUCATION

06/2009-06/2012	University of Illinois/ Advocate Christ Med Center (Oak Lawn) Internal Medicine Residency Program
06/2013-06/2015	University of Chicago Pritzker School of Medicine MERITS Fellow
07/2017- 09/2019	University of Arizona Integrative Medicine Fellowship
01/2020-	Rush University Opioid Use Disorder Fellowship

CERTIFICATION/MEDICAL LICENSURE

08/2017-	Buprenorphine Waiver
08/2013-06/2023	ABIM Board Certification
08/2012-06/2021	Licensed in State of Illinois 036-131059
08/2012-06/2021	Illinois Controlled Substance License
08/2012-11/2022	Federal DEA License
06/2012-06/2014	Certified ACLS Instructor

FACULTY APPOINTMENTS

06/2012-06/2013	Chief Resident University of Illinois/Advocate Christ Med. Center Department of Medicine
06/2013-06/2015	University of Chicago Clinical Associate
06/2015-06/2018	University of Chicago Assistant Professor
06/2018-	University of Chicago Clinical Instructor

COMMITTEE SERVICE

07/2013- 06/2018	University of Chicago Diversity Committee
07/2013- 06/2017	University of Chicago Internal Medicine Residency Selection Committee
06/2009-06/2012	ACMC Resident Representative Committee
06/2009-06/2013	ACMC Performance Improvement Committee
06/2009-06/2012	ACMC Ethics Committee

LEADERSHIP POSITIONS

09/2005-05/2009	SIUSOM AAMC OSR Representative
06/2007-05/2009	Vice Chair, SIUSOM Class 2009
06/2011-06/2012	Chair, Resident Representative Committee
07/2015-06/2018	SNMA Faculty Advisor
11/2017-03/2018	Political Candidate for office Cook County Commissioner, 5th District

WORK EXPERIENCE

06/2015-06/2016	Primary Care Physician	University of Chicago Primary Care Group
06/2016-04/2018	Comprehensive Care Physician	University of Chicago Comprehensive Care Program
03/2018-04/2019	Medical Director	Heartland Alliance Health
02/2019-	Physician	Innovative Wellness
04/2019-	Physician	Wellpath
06/2019-	Regional Medical Director	Access Community Health Network

AWARDS, HONORS, DISTINCTIONS, PUBLIC SPEAKING:

2008	NMF Minority Scholarship
2017	Turn the Tide Grand Rounds Panelist with Sen. Dick Durbin and Surgeon General Vivek Murthy
2012	UIC/ACMC Humanitarian/Professionalism Award Recipient
2015	Bucksbaum Fellow
2018	AOA Beta Chapter, University of Chicago Pritzker School of Medicine
2018	National Kidney Foundation of Illinois Interdisciplinary Nephrology Conference, Oakbrook IL Speaker: Poverty and Disease
2018	Student National Medical Association Regional Conference, Pritzker SOM, Chicago IL Keynote Speaker: Poverty and Disease
2019	WVON/Ariel Investment 40 Under 40 Game Changer Awardee
2019	Student National Medical Association Black History Month Program, SIUSOM, Springfield IL Keynote Speaker: Violence, Poverty and Disease
2019	High Jump Cohort 29 Transition Ceremony Commencement Speaker: Fly like Eagles

PROFESSIONAL SOCIETY MEMBERSHIPS

2005-2009	SNMA, Black History Month Chair
2009-	American College of Physicians
2009-	American Medical Association
2013-	Society of General Internal Medicine
2015-	Illinois Society of Addiction Medicine
2015-	American Society of Addiction Medicine
2018-	Alpha Omega Alpha

TEACHING

2010	Dept of IM PGY2 Clinical Pathology Conference
2012-2013	ACMC Medical Floors Teaching Attending
2012-2013	ACMC Facilitator of Intern and Resident Afternoon Report
2012-2013	ACMC Medical Student Lecturer
2013-2015	Internal Medicine Ambulatory Preceptor
2016-	MS2 Vista Lecturer Safe Opioid Prescribing
2018-	Comprehensive Care ECHO Learning Collaborative

ABSTRACTS/PRESENTATIONS

Tanksley, A., Pho, M., Anawis, M., Salisbury, E., Arora, V. Watch this before you write that script: Safe Opioid Prescribing in IL. AAMC Integrating Quality Meeting. Washington, DC. June 2018.

Tanksley, A., Farnan, J., Stewart, N., Arora, V. Advanced Physician Communication: Informed Consent and Cultural Competence. University of Chicago New Student Orientation

Tanksley, A., Oyler, J., Ratner, S., Venable, L., Arora, V. Who you gonna call? A study of how residents manage uncertainty when caring for clinic patients. Society of General Internal Medicine National Meeting. San Diego, CA. April 2014.

Tanksley, A., Arrazola, P., Berkelhammer, C. Pain in the Buttock: Significance in Crohn's Disease. American College of Gastroenterology National Meeting. Washington DC. November 2011.

Arrazola, P., **Tanksley, A.,** Berkelhammer, C., Wichter, M. Commander in Chief. American College of Gastroenterology National Meeting. Washington DC. November 2011

Tanksley, A. *All that Seizes* Advocate Research Day Oral Case Competition 2nd place Oak Lawn IL 2010

PUBLICATIONS

Tanksley, A., Oyler, J., Ratner, S., Venable, L., Arora, V. Who you gonna call? A study of how residents manage uncertainty when caring for clinic patients. Society of General Internal Medicine National Meeting. San Diego, CA. April 2014.

Stewart, N., **Tanksley, A.**, Edelson D., Arora V. Understanding How Basic Life Support Training is utilized by our Medical Students on Clinical Rotation. Critical Care Medicine. Dec 2014.

Stewart, N., **Tanksley, A.**, Arora V In reference to "The effect of a rapid response team on resident perceptions of education and autonomy": Letter to the Editor. Journal of Hospital Medicine. March 2015
Tanksley, A., Wolfson, R., Arora, V. Changing the "Working while Sick" Culture Promoting Fitness for Duty in Healthcare. JAMA. 2016;315(6): 603-604.
Tanksley, A., Cifu, A. Screening for Gonorrhea, Chlamydia and Hep B. JAMA. 2016;315(12): 1278-9
Tanksley, A., Farnan, J., Arora, V. A Solution to the problem of Sustainability of Opioid Initiatives in Graduate Medical Education. JGME. Feb 2017
Stewart, N., **Tanksley, A.**, Edelson D., Arora V. Trainees at a resuscitation: A Dual Liability. The Clinical Teacher March 2017

RESEARCH

2017	Safe Opioid Prescribing Educational Video, IDPH **Tanksley** (PI)
2016-	Comprehensive Care Program, University of Chicago Meltzer (PI)
2013-	TEACH STRIVES, University of Chicago Arora(PI)
2013-2015	Medical Education Research, Innovation, Teaching and Scholarship Fellowship
2012-2013	Chicago Colorectal Cancer Consortium UIC/ACMC **Tanksley, A.**, Raddawi, H., Llor, X., Sub investigator/Recruiter

EDWIN WALKER

Bishop

CONTACT

PHONE:
773-520-3158

WEBSITE:
nijcogic.org

EMAIL:
bishopemwalker@gmail.com

HOBBIES

Traveling
Chess

EDUCATION

Taylor Business Institute
1982 - 1984
AE - Electronics Engineering

Chicago Vocational High School
1978 - 1982
Diploma

WORK EXPERIENCE

Church of God in Christ, Northern Illinois - Bishop
2018–present
Oversee 50 plus churches spanning from the deep north side of Chicago into Burlington Iowa. I am responsible guidance of Administrative Assistants, Superintendents and Pastors. I am introducing innovative and exciting ideas to help guide churches toward internal as well as community revitalization.

Church of God in Christ, Northern Illinois - Administrative Assistant
1997–2018
Created a synergy among lead individuals to promote growth and positive change.

Church of God in Christ - International Youth Department Vice-president
2016 – present
Introduced innovative programming to inspire youth and young adults across the nation to pursue their dreams while living a godly lifestyle. In this role I was able to reach thousands of youth and young adults.

Breath of Life Chaplains – President
2016 - present
Guided an ecumenical team of chaplains in ministry and counseling to Cook County Jail inmates and officers.

Charles "Chip" Joseph

7253 Southwick Drive Frankfort, IL 60423
(708) 250-4327, chipjo1@yahoo.com

SUMMARY OF QUALIFICATIONS

- Passionate and goal-oriented staffing and recruiting professional with an extensive background developing initiatives, as well as new programs and services, that generate significant revenues and exceed corporate goals
- Expert at attaining, nurturing and developing reciprocal client and supplier relationships at any level
- Competent and performance-driven manager with proven expertise in client retention and recruitment related to planning, organization, and implementation
- Skilled in project plan implementation along with careful controls to stay on "critical path" ensuring the strategy is being managed according to specifications and schedule
- Committed to motivating teams to deliver peak performance, while providing outstanding service

- Organized & Efficient, Able to Multi-task
- Superior Relationship Building Skills
- Extensive background with Diversity & Inclusion
- Excellent Verbal & Written Communication Skills
- Self-Motivated, Hardworking & Enthusiastic
- P&L experience

PROFESSIONAL EXPERIENCE

TALENT ACQUISITION MANAGER, STERICYCLE • BANNOCKBURN, IL 9/2017 – PRESENT

- Responsible for managing the recruitment efforts for the Communication Solutions business organization for permanent hires
    - Position types include Sales, Marketing, Accounting/Finance, IT and Hospital In-Service
    - 6 direct reports and 2 indirect reports
- Participated in the implementation of SuccessFactors, a cloud-based SAP solution utilized to manage various HR functions
- Responsible for building and managing Stericycle's inaugural Contingent Talent Program (CTP) which includes both United States and Canada
- Managed the implementation of VMS technology (Beeline) including terms and agreements, configuration and systems integration
- Manage the day-to-day operations with spend in excess of $60MM
    - Position types include Light Industrial, IT, Scientific/Clinical, Clerical and Managerial/Professional
- Responsible for change management of the new program which includes stakeholder approval, evaluation, communications and manager training & coaching
- Manage the operations team responsible for contingent labor job requests from cradle to grave constantly refining processes with an emphasis on responsiveness and customer service
- Strategically manage vendor/supplier relationships to maximize overall program performance and customer satisfaction
    - Plan, organize and conduct quarterly performance reviews of suppliers to monitor performance
    - Serve as the main point of escalation for all supplier issues
- Responsible for driving spend and participation with diverse suppliers
- Accountable for reporting of monthly/quarterly spend, diversity spend and headcount

PROGRAM MANAGER, TAPFIN • CHICAGO, IL 1/2016 – 5/2017

- Managed all aspects of Pfizer's supplemental labor program with spend in excess of $200MM; consisting of staff augmentation and SOW work
    - Position types include IT, Scientific/Clinical, Learning & Development, Engineering and Managerial/Professional
- Managed the implementation and operations of Abbvie's SOW program
- Participated in the implementation of new programs leading solid negotiations including Master Service Agreements (MSA), insurance requirements, systems integration, etc.
- Managed the program operations team responsible for contingent labor job request management from cradle to grave, and the management of RFP's and SOW's, constantly refining processes with an emphasis on responsiveness and customer service

- Accountable for setting and managing performance expectations of the team, as well as training, motivating and encouraging growth
- Accountable for monthly/quarterly reporting of program SLA's and KPI's
- Oversaw the management of VMS technology (Fieldglass and Beeline) to ensure optimal and cost-effective results
- Assisted in leading Diversity and Inclusion efforts including outreach programs, forums and recruitment related to underrepresented communities
- Strategically managed vendor/supplier relationships to maximize overall program performance and customer satisfaction
    - Participated in building a best in class supplier relations standard across multiple programs
    - Planned, organized and conducted quarterly performance reviews of suppliers to monitor performance
    - Served as the main point of escalation for all supplier issues
- Assisted Operations and Invoicing to guarantee timely collection of receivables for TAPFIN and suppliers
- Led multiple successful program strategies regarding client penetration, program responsiveness, supplier diversity, etc.

DIRECTOR OF CLIENT SERVICES, SYNECTICS, INC. • CHICAGO, IL 2/2010 – 1/2016

- Participated in the operational management of an established and highly successful staffing company
- Managed comprehensive strategic and tactical account development plans for all house accounts including Abbott Laboratories, AbbVie, Aon, AT&T, T-Mobile, Kraft and Motorola; spend consistently in excess of $20MM for all accounts
- Responsible for P&L for Recruiting, Sales, Marketing and Technical teams
- Fostered and cultivated relationships with Master Service Provider (MSP) and Vendor Management Office (VMO) directors to increase business
- Performed assessments of recruiting activity, data, and trends and presented findings and recommendations to the President
- Developed strategies, policies and procedures to maintain effectiveness of the sales and recruitment processes
- Mentored the recruitment staff to execute recruitment strategy development, recruitment process improvement, market/industry analysis, trends reporting, along with candidate relationship management

SENIOR RECRUITER, THE JUDGE GROUP • OAK BROOK, IL 2009

- Implemented recruitment efforts for AT&T, including employment of project managers, technical architects, senior telecommunications analysts and software engineers
- Established innovative candidate sourcing methods, including direct contact, industry networking, referrals, and research
- Initiated the development and execution of recruitment plans to consistently maintain and reorganize available consultants

SENIOR EXECUTIVE RECRUITER (CONTRACT), JP MORGAN CHASE • CHICAGO, IL 2008 – 2009

- Developed and implemented a global recruiting strategy for Treasury and Security Services
- Identified recruitment strategy, communicated growth plans and advised IT professionals regarding market intelligence
- Led the successful implementation of both passive and active candidate sourcing generation techniques
- Developed offers for senior-level candidates, managing directors, executive directors and senior vice presidents
- Devised tactical staffing plans with executives, stakeholders and hiring managers to ensure efficiency of recruitment and selection process
- Utilized knowledge of Taleo as a candidate tracking tool

RELATIONSHIP MANAGER, SYNECTICS • CHICAGO, IL 2004 – 2008

- Provided primary leadership to 10 recruiters while successfully managing all major accounts
- Constantly received positive feedback from managers in all accounts handled
- Oversaw all aspects of recruitment and hiring functions; administered account management of house accounts
- Managed strategic account development plans including Abbott Laboratories, AT&T, Kraft, McDonald's, and Motorola
- Fostered and cultivated relationships with Vendor Management Office (VMO) directors and hiring managers
- Directed all functional areas related to house accounts including billing, consultant issues, and quarterly performance
- Spearheaded a team of recruitment professionals accountable for providing high quality services for Fortune 1000 client base
- Performed assessments of recruiting activity, data and trends and presented findings and recommendations to the President

- Managed offers extended firm-wide including approvals, background checks, and appropriate paperwork

SENIOR TECHNICAL RECRUITER, SYNECTICS, INC. • CHICAGO, IL 1994 – 2004

- Developed, monitored, and hired candidates for numerous Fortune 1000 accounts utilizing and applying technical expertise
- Played a lead role in the development of recruitment plans to maintain and re-deploy available consultants
- Served as team leader for numerous house accounts including Abbott Laboratories, AT&T, Kraft and McDonald's
- Trained and instructed consultants on client projects to ensure client success in project completion
- Utilized knowledge of various recruiting sources such as Dice, Monster, HotJobs, 3rd party vendors, and independent consultants

PROFICIENCIES

MS Office, Fieldglass, Beeline, Taleo, WebEx

EDUCATION

Business Administration ▪ Oakwood University, Huntsville, AL

ISAAC R. PALMER, MBA, FACHE

Chicago, IL ▪ 318-588-1058 ▪ irpalmerjr@gmail.com

TRANSFORMATIVE EXECUTIVE IN HEALTHCARE

Strategic and Growth-oriented / Extensive Experience Operating Multiple Healthcare Business Units

CEO with a history of being handpicked for new challenges in health system leadership roles. Turned around systems with declining revenue and metrics; improved customer satisfaction; increased gross revenue and net income; and grew P&L. Oversaw transition of an ER facility into a full-service acute care hospital, led joint ventures with surgeons and cardiologists, and opened the first micro-hospital in Louisiana. Skilled at planning and directing all aspects of operational policies, objectives, and initiatives; ensuring optimization and compliance with standards and regulations; developing and executing comprehensive short- and long-range plans; and ensuring the adequacy and soundness of an organization's financial structure.

EXPERIENCE

AMERICAN PHYSICIAN PARTNERS ▪ 2019 – PRESENT

Fast growing start-up providing emergency and hospital medicine physicians to over 80 hospitals in 18 states.

REGIONAL SENIOR VP

Recruited into role reserved for former hospital CEOs. Responsible for and tasked with building a quality physician team that hits key performance indicators: patient experience, thru put, quality and readmissions.

- **Executive Leadership:** Currently leading **IL & IN portfolio of hospital clients;** added 17 hospitals in 2020 worth $80 M in revenue. Reduced door-to-discharge times by 20% by leading process improvement team with physicians and hospital leadership. Improved patient experience by establishing new behavior standards for physician-patient interactions. Currently leading 4 regional medical directors, 13 site medical directors and 2 practice managers.

CHRISTUS HEALTH: SHREVEPORT-BOSSIER HEALTH SYSTEM, SHREVEPORT, LA ▪ 2014 – 2019

A multinational faith-based healthcare company with $20B in gross revenue, based in Dallas, TX

CHIEF EXECUTIVE OFFICER (REGIONAL)

Recruited by corporate CEO of CHRISTUS Health and challenged with turning around a failing regional healthcare system experiencing a decline in patient census and regional reputation. System includes 230 licensed beds, and 1,300 employees. Hold full accountability for all aspects of financial and scorecard performance, P&L, cost management, utilization, and strategy. Manage board communications as well as board quality and strategy committees.

Planned and executed a turnaround in profitability and census growth within 12 months, growing from one to three facilities, from $900M to $1.1B in gross revenue, and from annual losses to $26M in annual net income.

- **Executive Leadership:** Led a team of 6 direct reports, including a CFO, CNO, CMO, and COO, as well as 1,300 indirect reports. Engaged the associate team at record levels, attaining the 95th percentile in 2016. Led System to national recognition by *Modern Healthcare* as one of the **150 Best Places to Work.** Operated at the lowest salary cost in the company at approximately $1,500 per CMI-adjusted discharge.
- **Business Expansion:** Championed the opening of the **first micro-hospital in Louisiana,** a $20M construction project that provided a new model of ambulatory care to replace costly hospital care settings; facility provided the region with lower cost of care and quicker services while coordinating care with primary care physicians and specialists. In a joint venture with cardiologists and as part of a cardiac strategic plan, opened an **OP Cath Lab** which has delivered a higher use of outpatient procedures versus expensive inpatient settings. Purchased two OP imaging centers.
- **Patient Care:** Consistently performed at the **90th percentile for patient satisfaction**, the highest in the company. Won recognition by *Women's Choice* as one of the top 2% nationwide for safety; won the ***Women's Choice Award*** for heart care, bariatrics, OB, and cancer; and named **top hospital in Louisiana** by *U.S. News & World Report.*
- **Physician Relations:** Increased physician engagement to 70th percentile by creating a **Physician Advisory Council** and a **Dyad Physician Leadership Model** for major service lines.
- **Community Relations:** Repaired hospital's reputation and positioned in community as stable, growing, and high-quality.
- **Managed Care:** Grew members of a **narrow-network exchange product** formed in partnership with Blue Cross of Louisiana from 3,500 to 8,000 members.
- **P&L Results:** Grew P&L **from $1M to $26M in net operating income** within 24 months.

ADVENTIST HEALTH SYSTEM (NOW ADVENTHEALTH) ▪ 1997 – 2014
A national company operating hospitals in Illinois and Florida, headquartered in Altamonte, FL

CHIEF OPERATING OFFICER, Florida Hospital (2008 – 2014)

Selected by Regional CEO to aggressively drive revenue growth in an acute care hospital with 380 licensed beds and 1,100 employees. Oversaw facility financial performance, revenue-producing business units, physician contracting, utilization, and patient satisfaction.

Leveraged organizational and business development skills to drive gross revenue from $950M to $1.2B and net income from $21M to $28M in four years.

- **Executive Leadership:** Collaborated with CNO and CFO to drive culture, physician engagement, and patient satisfaction. Held accountability for hospital scorecard performance. Led 10 direct and 600 indirect reports.
- **Operations & Staff Leadership:** Championed initiatives that led to **90th percentile employee engagement** three years running. Placed in the **top quartile for HCAHPS** in all 10 composite categories and at the top quartile in labor productivity. Consistently achieved top decile results for ED thru put and ED patient satisfaction.
- **Asset Expansion:** Added two operating rooms, five emergency rooms, a neonatal intensive care unit, and a remodeled L&D unit in a $22M expansion plan. Implemented Physician Order Entry, CPOE.
- **Physician Relations:** Achieved 6.5% revenue and volume growth in an Ambulatory Surgery Center with a surgeon co-management agreement. Through a contract with performance metrics and accountability meetings, improved hospitalist patient satisfaction and length of stay.
- **Program Development:** Opened a de novo Surgery Center (joint venture with surgeons) bringing in $10M in additional gross revenue. Launched two cardiac PCI programs resulting in 90-minute door-to-balloon times. Established multi-disciplinary Tumor Board resulting in improved cancer outcomes.

CHIEF EXECUTIVE OFFICER, Bolingbrook Hospital (now AMITA Bolingbrook) (2004 – 2008)
EXECUTIVE DIRECTOR, Bolingbrook Medical Center (2000 – 2004)

After completing a three-year rotation, aggressively expanded census and revenue at a freestanding emergency facility with 14 beds, 100 employees, and $9M in net revenue; later transitioned the facility to a full-service, acute care hospital with 136 beds.

Grew gross revenue from $20M to $285M and transitioned free-standing emergency center into a comprehensive hospital and 60,000 sq. ft. medical office building.

- **Executive Leadership:** Held full accountability for financial performance, clinical outcomes, $210M construction project, and community and government relations. Direct reports included CFO and CNO with 400 indirect.
- **Regulatory:** Partnered with certificate-of-need writer, local mayor, lawyers, lobbyist, and public relations to influence local legislators and politicians to support **first new hospital in Illinois in 25 years** in a highly politicized environment.
- **Physician Relations & Fundraising:** Recruited/hired a new medical staff for hospital; negotiated contracts with ER, anesthesia, and hospitalist physicians. Delivered $400K in 12 months for pediatric care by establishing a Foundation Board.
- **Clinical Infrastructure:** Led implementation of electronic medical records, private rooms, and minimally invasive surgical suites.
- **Patient Satisfaction:** Championed/launched a patient satisfaction program based on personalized care and patient care advocates.

COMMUNITY AFFILIATIONS & RECOGNITION

40 UNDER 40: CRAIN'S CHICAGO BUSINESS, 2007
WILL COUNTY FOUNDATION, FOUNDING BOARD MEMBER
ST. FRANCIS UNIVERSITY, BOARD MEMBER, Joliet, IL
BUSINESSMAN OF THE YEAR: ILLINOIS STATE CRIME COMMISSION, 2006
FOUNTAINDALE PUBLIC LIBRARY DISTRICT, TRUSTEE (ELECTED), Bolingbrook, IL
MAYOR'S COMMITTEE FOR WORKFORCE EMPOWERMENT, Shreveport, LA
BOYS SCOUTS OF AMERICA NORWELA COUNCIL, BOARD MEMBER, Northwest Louisiana
HONORARY COMMANDER FOR BARKSDALE AIR FORCE BASE, Bossier City, LA, 2019
BIG BROTHERS AND BIG SISTERS OF THE SUN COAST, BOARD MEMBER, Central Florida

EDUCATION & CREDENTIALS

MBA, CONCENTRATION: FINANCE & LEADERSHIP, Rollins College, Winter Park, FL, 1999
BA, MATHEMATICS, Oakwood University, Huntsville, AL, 1997
FELLOW, AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, 2006

MICHAEL A. MCGEE, MD, MPH, FACEP

900 Alderbrook Court
Crown Point, Indiana 46403
(219) 730-7790
mmcgee_md@yahoo.com

WORK EXPERIENCE

July '18 – present	**Premier Urgent Care and Occupational Health Center, Chicago, IL** President and CEO of Independent Urgent Care in Hyde Park
Sept. '19 – Present	**Vituity – The Methodist Hospitals in Gary and Merrillville, IN** Full Partner, Emergency Medicine Group
March '10 – Aug. '19	**Northwest Emergency Associates (NEA), LLC** President and CEO of Independent Emergency Medicine Group
Feb. '09 – Aug. '19	**Indiana University NW School of Medicine, Gary, Indiana** Medical Director, Campus Health and Wellness Center
Jan. '08 – Aug. '19	**Regional Coordination Center (RCC), The Methodist Hospitals** Medical Director, Emergency Medical Services (EMS)
May '07 – present	**Indiana University NW School of Medicine, Gary, Indiana** Volunteer, Associate Professor of Emergency Medicine Department
Aug. '06 – Aug. '19	**Methodist Hospitals (NLC & SLC), Gary & Merrillville, Indiana** Medical Director and Chief, Emergency Medicine Department
Dec. '05 -- Aug. '06	**Methodist Hospitals (NLC & SLC), Gary & Merrillville, Indiana** Associate Medical Director, Emergency Medicine
Dec. '04 -- present	***Methodist Hospitals (NLC & SLC), Gary & Merrillville, Indiana*** Faculty, Emergency Medicine.
July '04 -- December 05	***Emory/Grady Medical Center, Atlanta, Georgia*** Assistant Professor of Emergency Medicine

POST-GRADUATE TRAINING

2000-2004	***New York University/Bellevue Hospital Medical Center, New York, New York*** Internship and Residency Department of Emergency Medicine

EDUCATION

1996-2000	***Rush Medical College, Chicago, Illinois*** Medical Doctorate
1994-1996	***University of Illinois, Chicago, Illinois*** Masters in Public Health (MPH): Epidemiology/Biostatistics
Graduated 1992	***Purdue University, West Lafayette, Indiana*** Bachelor of Science (BS) in Biology/Psychology

WORK EXPERIENCE

1995-1997 ***University of Illinois, Chicago, IL***
Graduate Research Assistant for the Psychiatric Department of Juvenile Research

1996-1996 ***Daniel Hale Williams Health Center, Chicago, IL*** - Assistant Data Manager.
Created epidemiologic patient origin maps, designed and implemented triage program, conducted community assessment study and wrote Primary Care Expansion and Violence Prevention grants.

1995-1996 ***Cook County Hospital, Chicago, IL*** - Assistant Data Manager for Tuberculosis Program.
Created TB Database and retrospective study comparing treatment vs. control.

1994-1995 ***University of Illinois, Chicago, IL*** - Graduate Assistant for Urban Health Program

SKILLS

Statistical Analysis System (SAS) - Mainframe Computer and Efficiency w/Microsoft Power Point
EPIC EMR Superuser

LICENSURE

2012 - Present Medical License, State of Illinois 036131630 - Current
2004 - Present Medical License, State of Indiana 01059941A - Current
2004 - Present Medical License, State of Georgia 054855 - Expired
2003 - Present Medical License, State of New York 231246 - Expired

CERTIFICATIONS

- Board Certified Diplomate of the American Board of Emergency Medicine
- Ultrasound – over 150 confirmed scans and 40 hours of didactics according to SAEM/ACEP guidelines
- American Heart Association Certified Provider of Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Advance Life Support (NALS), and Advanced Trauma Life Support (ATLS)
- Emergency Medical Technician Certification

TEACHING EXPERIENCE

Emergency Medicine Preceptor for Family Practice Medicine Residency Program at Methodist Hospital

Assistant Coordinator for Undergraduate Education
Supervise, present cases, and lecture rotating students on important emergency medicine topics.

ACLS Instructor for RNs, MDs, EMS, medical students, etc.

Emergency Department Conference Lecturer
- Thoracostomy/Thoracotomy Procedures
- Traumatic Brain Injuries
- Blunt/Penetrating Abdominal Injuries and Imaging
- Rhabdomyolysis – How Much Exercise is Too Much?

Morning Report Case Studies Lecturer
Presented and led bi-weekly discussions of cases to faculty, house staff, and medical students.

Power Point Presentation on ACLS for Respiratory Therapists 1199 lecture and website

Created NYU/Bellevue Adult and Pediatric Emergency Fact Sheets

COMMUNITY OUTREACH EXPERIENCE

Founder, Project Outreach and Prevention (POP) on Youth Violence, Inc
Teenage health awareness and violence prevention for grades 7^{th} – 12^{th}

Health Professions Enrichment Program (HPEP) and Mentoring Program
Designed to promote interest in healthcare profession
Outreach Effort in Jamaica for medically underserved areas – supervising physician
Latino Expo Health Care Fair – health educator
Health Care Fair in Harlem – hypertension screening and education
Volunteer ring-side physician for NYPD Boxing Fundraiser

AWARDS AND HONORS

Fellow, American College of Emergency Physicians (FACEP) (2011)
Rush Medical College David Peck Merit Award (2000)
Cardiology Student of the Year Award (2000)
Patti Labelle National Merit Medical Scholarship (1999)
Cook County Physician's Association Scholarship (1997)
National Medical Association, Northwest Indiana Scholarship (1997)
Rush Medical Dean's Research Fellowship in Neurology/Cook County Hospital (1997)
Minority Medical Education Program Tutor at Rush Medical College (Summer 1997)
CAHMCP 1995 Summer DAT/MCAT Program at the University of Illinois at Chicago
Rush Medical School 1994 Robert-Woods Johnson Summer Scholar's Program
1992 Who's Who Among Students in American Universities and Colleges
Gary Steel City Hall of Fame Award for Academic Achievement
School of Science Talent Award
Ronald E. McNair Post-Baccalaureate Achievement Program
1991 Summer Research Internship Program in Microbiology

PUBLICATIONS AND PAPERS

2003-Present	The Determination of Age and Weight by Physicians in the Emergency Department Currently in data collection
April 2000	Retrospective Study Comparing Control vs. High-Risk Tuberculosis Patients in Directly Observed Therapy (DOT) Programs at Cook County Hospital Presentation at National Medical Association Conference in Los Angeles, CA
April 1994	Paper "The Survival of *Eschericia coli* on Stainless Steel and the Effectiveness of a Bactericidal Reagent in Disinfecting 0157:H7"

ADMINISTRATIVE ACTIVITIES

2019 – Present	Chairman, Firearm Violence and Injury Prevention Committee American College Emergency Physicians: Diversity, Inclusion, & Health Equity Section
2010 – Present	**Delegate,** Governor's Committee on Trauma (COT) for the State of Indiana
2003-2004	**Liaison,** Postgrad Physician to Emergency Medicine of National Medical Association
1999-2000	**Liaison,** National Medical Association
1997-1998	**Co-Chairman,** Student National Medical Association Annual Conference in Chicago
1997-1998	**Member,** Board of Director Student National Medical Association
1997-1998	**President**, Local Chapter President of SNMA at Rush Medical College
1996-1997	**Delegate**, Student National Medical Association Region II

ORGANIZATIONS

Kappa Alpha Psi Fraternity, Inc.
Indiana State Department of Health Trauma Task Force
Lake County Medical Society
Indiana State Medical Association
American College of Emergency Medicine
Cook County Physicians Association
National Medical Association
American Medical Association
Public Health Association

INTERESTS/HOBBIES

Resident and Student Education, Community Service, Martial Arts (Black Belt), Travel

STANLEY CAMPBELL
CEO

EagleForce Associates Inc.,
13241 Woodland Park Rd, Suite 600
Herndon, VA 20171
Ph.: 703-864-4489
Email: stanley.campbell@theeagleforce.net

SUMMARY

- ✓ 30 Years Experience w/ Business Development & Business Management of Advanced Technology Development

KNOWLEDGE OF

- ✓ Software Development
- ✓ Business Intelligence Operations
- ✓ Science and Technology
- ✓ Maritime Domain Awareness
- ✓ Aviation and Airport Operations, Navigation and Communications Systems
- ✓ Program Management
- ✓ Information Assurance

EXPERIENCE WITH

- ✓ Strategic Partnerships
- ✓ Federal Government Contracts
- ✓ Capability Maturity Model (CMM)

EDUCATION

B.S., Physics; Mathematics

CLEARANCE

- ✓ TS (highest held and inactive)

MILITARY

- ✓ Veteran, U.S. Navy

SUMMARY

Mr. Campbell is a proven scientist and business leader with extensive experience in the research, development, and transition of advanced technology into government and commercial operations. As founder and CEO of three corporations with advanced technology and engineering as their primary focus, Mr. Campbell has provided his skills in the management and technical leadership of senior professional and non professional staff. Mr. Campbell has served as the Defense Intelligence Agency (DIA) Senior Subject Matter Expert (SME) on Predictive Analytics and content discovery, along with supporting the Director of National Intelligence (DNI) through its National Signature Support Program for collaboration and intelligence analysis. Mr. Campbell is the CEO of Business Intelligence Solutions and leads the company's technical direction related to intelligence, predictive analytics knowledge discovery, e-commerce, security, and collaboration solutions. He has filed over 13 provisional patent submissions related to advanced technology which focuses on quantitative and qualitative analytics and holds issued patents within this technology space. Elements of his technology are prominently used in the Transportation Security Administrations (TSA) Passenger Screening and Security program. His technology and methodology was transitioned to law enforcement and served as an instrumental element in the Wichita Kansas "BTK Killer" investigation. His current research, development, systems integration, and product transition involves nanopore biological sensor development with the European Union and Physical Chemistry advancement of Quantum Dielectric sensor technology with the Navy Research Lab (NRL), the Joint Improvised Explosive Device Defeat Organization (JIEDDO) and the MITRE Corporation. His current software development focus involves benefits and medical claims management for the Veterans Administration, DoD, and Centers for Medicare and Medicaid Services (CMS) utilizing varying forms of Virtual Lifetime Medical Records.

Mr. Campbell is a former Navy Pilot who, having served at the Naval Test Center in Patuxent River, Maryland, commanded the Navy's primary Airborne Communications Platform (TACAMO). He has served as an exchange officer training with the United States Air Force, Canada and the Great Britain. Mr. Campbell is a licensed Commercial Pilot who founded and operated jet aircraft and helicopters supporting commercial and classified military operations. Mr. Campbell's client base included but was not limited to six US Presidential Candidates since Ronald Reagan, the Republican and Democratic National Committees, Prime Minister Margret Thatcher, President Nelson Mandela, Winnie Mandela, Vice President Biden, General Colin Powell, Rev. Jessie Jackson, the King Family, former Congressman William Gray III, and numerous national and international dignitaries. Mr. Campbell was a Presidential Appointee to the Executive Advisory Board at the National Aeronautics and Space Administration (NASA) under the first President Bush and served the first term of President

Clinton. Mr. Campbell is currently on the Speakers Committee Board of the Institute of Electrical and Electronics Engineers (IEEE) for Telecommunications GLOBECON 2010.

Mr. Campbell is the husband of Mrs. Cheryl R. Campbell, and the father of three college students Christopher Campbell (Physics Pennsylvania State University), Alan Campbell (Political Science Virginia Commonwealth University), and Stanley Campbell III (Biomedical Engineering Rensselaer Polytechnic Institute). Mr. Campbell is a proud graduate of Florida Agriculture and Mechanical University' (FAMU) Department of Physics.

PROFESSIONAL EXPERIENCE

EagleForce Associates – Jan 2010 to Current
Founder, Chairman of the Board, Chief Executive Officer, Chief Technology Officer

Mr. Campbell was the original founder and CEO of EagleForce Associates, Inc., and as of 2011, has been repositioned into the leadership. EagleForce continues to maintain its wide realm of respect throughout the DoD and intelligence community and Mr. Campbell is now pursuing new patents for Persistent Health Care Adjudication and Real Time Financial Transaction analytics. He has lead the winning teams for the Next Generation Secure Flight Analytics and for the FDA MARCS program for persistent monitoring for adverse events. Mr. Campbell is responsible for both the strategic and tactical planning and directions of the company, including but not limited to all day-to-day operations, finance, and logistics decisions and actions.

Business Intelligence Solutions – Jan 2006 to Jan 2010
CEO/Chairman

Mr. Campbell had the overall responsibility for the development and growth of the company. His responsibility included but was not limited to providing strategy, organizational process, business and technology development, acquisition and management of human capital, financial planning and profitability management and operational direction of the company. He was further responsible for communicating those responsibilities internal to the company and external to clients, institutional financial and business partners.

Technology Development: Systems Engineering, Integration, and Systems Development of Service Orientated Architectural (SOA) infrastructure and application framework for the transition of the company's Intelligence Analysis and Anomaly Detection suite of Cyber Technologies and innovation offerings. The application development includes all platform enabled Network Centric Enterprise Service applications related information discovery; Intelligence and Operational Analysis; Business Analytics, visual, temporal, and geospatial representation, and Operations and Mission Performance measurement and management. Collaboration services include the enablement of e-mail, chat, instant messaging, blog, white boarding, program management and planning tools along with their seamless and secure interface to the Global Information Grid (GIG) infrastructure. Mr. Campbell has previously served as the Senior Subject Matter Expert (SME) and Chief Architect for the National Signatures Program (NSP) open source signature content discovery, mediation, representation, and collaboration. Technology development and deployment include:

Database "Metadata" Normalization: Heterogeneous data sourcing normalized to homogeneous metadata sources and made available to support peer to peer and man to machine collaboration efforts in a managed and secure environment.

Cyber Security and Information Assurance: Company lead in DIACAP means and methods for centralization, evaluation, certification, and deployment of software components for the GIG IA C&A process for GIG and net-centric applications. DIACAP experience was supporting Information Systems transitioning to net-centric environments and GIG Standards by; Ensuring uniformity of approach; managing and disseminating Information Assurance Design, implementation, validation, sustainment and approach; and by being able to adjudicate certification for differing and complex system.

Acquisition Management and Program Planning: Develop Program Management, Mission Planning, Supply Chain and Logistics management, infrastructure support, policy and procedures for advance technology development, transition, deployment, training and operational Life Cycle Support.

Business Channel Development: Technology and infrastructure development in support of product positioning and placement. Liaison for all technology partners to proposal staff all proposal efforts with innovative technology solutions to defined client needs.

Sim-G Technologies -- Jan 2005 to Jan 2006
President, Professional Services Division

Mr. Campbell had responsibility for the overall development of the new division focused on the corporate acquisition Community Crossings, the hiring of human capital administration of all management and technical employees, profitability, management and operational direction of the division. His responsibility included directing the company's technology infrastructure and software development, its channel marketing development and prioritization, all budget and finance planning and tracking, technical support staffing, professional career development, Value Added Resale (VAR) and strategic partnership relationships, research, development, and transition of the company's technology platforms. Mr. Campbell was also responsible for the development, documentation and implementation of the company's CMMI methodology and processes including the management oversight for the US State Department; National Signatures Program (DIA Intelligence); DoD Medical; Navy NCIS; Army Intelligence; Army CID; Navy Tri-care; Navy Maritime Domain Awareness; Army ICIDS III; Navy Strategic facility defense; along with the numerous teaming or subcontractor relationships associated with the individual product deployments. With the exception of the US State Department, all were new projects which were acquired and managed under Mr. Campbell's leadership.

EagleForce Associates – Jan 2000 to Jan 2005
Founder, Chairman of the Board, Chief Executive Officer, Chief Technology Officer

Mr. Campbell was the founder and CEO of EagleForce Associates, Inc., which is widely respected throughout the DoD and intelligence community for its software implementations and its technical support services. Mr. Campbell was responsible for both the strategic and tactical planning and directions of the company, including but not limited to all day-to-day operations, finance, and logistics decisions and actions. His direction and leadership of the company's operational governance, finances, technology, staff, business channel development, program execution, prime and subcontract relationships, and profit and loss responsibility served to have EagleForce recognized as an industry leader in the DoD, intelligence, and commercial software implementation community. Mr. Campbell raised over $24M of venture capital leading the discipline to accept only $7.5M of that capital raised for EagleForce.

Mr. Campbell's technical leadership included technical direction focused EagleForce and its staff toward knowledge management and discovery solutions, data mining, individual identity and privacy programs, fraud detection, surveillance, and decision support solutions and focused the software development methodology to comply with government mandated Capability Maturity Model (CMM).

He developed the architecture that was selected for the Joint Intelligence Virtual Architecture (JIVA) program

and extended that work into over eight patent submissions with EagleForce. Mr. Campbell's previous work supporting DARPA's Evidence Extraction and Link Discovery program led to ground-breaking patent submissions in predictive analysis for technology proven in support of the U.S. Department of Homeland Security's (DHS) Transportation Security Agency (TSA) and FEMA. As a former Navy Pilot, who has operated as an exchange pilot with the U. S. Air Force, he has developed a real-world knowledge of extensive airborne, ship-borne, and ground-based operational systems. Mr. Campbell has directed Navy and DoD information technology systems and engineering programs along with IC-funded efforts in C4ISR. His patent submissions on the companies Black Dragon (Brain-Like Cognitive Knowledge for Domain Re-Activation in a Gain-Oriented Network) Knowledge Discovery (KD), Mediation, Content Management, and Geospacial reasoning technologies were transitioned and fielded into useable systems for the U.S. Air Force Global Combat Support System (GCSS) as suitable for the Global Information Grid (GIG). This work was expanded to hosting the Air Force Center of Environmental Excellence (AFCEE).

Mr. Campbell led the technical teams which focused on concepts and system architectures for commercial solutions for Trusted Cargo, Identification Verification, and Insurance Fraud detection. He received national and international acclaim for his work with the Federal Bureau of Investigation (FBI) taskforce, the Kansas Bureau of Investigation (KBI), and the Wichita Police Department (WPD) on the capture of the BTK Killer.

GITI Corporation – Jan 1997 to Jan 2000
Vice President of Technology Marketing and Channel Development

Mr. Campbell was responsible for budget planning and analysis, organizational prioritization, operational leadership, and directing the overall marketing and technical channel development of the company. His technology background was responsible for improving the focus of software development and project management processes, formalizing software and integrated system documentation, and improving IT training and support services. Mr. Campbell was further responsible for establishing strategic alliances and partnerships with large and small technology and systems integration companies and served to develop a technology insertion laboratory which included over 30 different IC directed applications.

Mr. Campbell was successful at firmly establishing KD technologies and architectures into the following: Advanced Data Mining at the CIA; Advanced Systems Architecture at the NSA; Advanced Knowledge Management and Data Integration at the Joint Forces Command; Advanced Technology Systems and Product Integration, Test, and Evaluation, SPAWAR; Agent Technology Data Mining, CECOM; Advanced Knowledge Management for Imagery and Mapping, NIMA (NGA); Advanced Data Extraction and Link Discovery, DARPA; Advanced Data Extraction and Link Discovery, Army Battle Lab, Fort Huachuca; Advanced Data Extraction, Link Discovery, Predictive Modeling Tool Kit, JIVA; and a host of other technology applications and agencies.

Rowe Incorporated – Jan 1985 to Jan 1997
Founder, Chairman of the Board, Chief Executive Officer, Chief Technology Officer

Mr. Campbell served as the Founder, Chairman of the Board of Directors and Chief Executive Officer of Rowe Incorporated, a Virginia-based aerospace and engineering consulting firm that provided engineering and logistics support services to DoD and commercial clients. Mr. Campbell served as Chief Pilot and Director of Operations and also directed the prime contractor relationship in support of secure range operations and training support applications to the Nellis Air Base Test Range in Nevada. He has extensive experience with the test and evaluation of military aircraft and communications systems to DoD and and Federal Aviation Administration (FAA) quality standards.

Selected accomplishments include:

- ***Guest speaker at the e-gov Knowledge Management Conference in Washington, DC:*** Mr. Campbell was invited to speak on the advanced concepts related to Data Mining through the use of Intelligent Agents. The overall conference hosted a myriad of advanced technology experts in evidence extraction and link discovery. His subjects were focused on Knowledge Management for INTEL and the Warfighter, and Network Centric Warfare in the Military, INTEL, and Law Enforcement First Responder community. Mr. Campbell also presented novel concepts for the use of COTS technology for the "Modeling of the Terrorist Mind", along with addressing Knowledge Management in a Network Centric Warfare environment.
- ***Guest speaker at the SAP International SAPPHIRE Conference in Orlando Florida:*** Mr. Campbell was invited to speak on the advanced concepts related to Data Mining through the use of Intelligent Agents in Law Enforcement and Case Management. This worldwide conference is attended by over 10,000 and Mr. Campbell presented novel concepts for the use of predictive analytical capabilities and technology for the "Modeling of the Killers Pattern of Practice", along with addressing Knowledge Management in a Network Centric Warfare environment.
- ***Guest speaker at the National Press Club in Washington DC:*** Mr. Campbell was invited to speak on the advanced concepts related to the use of Intelligent Analytic tools and methods to support Federal, State and Local government Law Enforcement and Case Management. This speech was attended by a select group of 130 senior Intelligence, Defense, and Law Enforcement officials from the government and commercial industry. Mr. Campbell presented novel concepts in the use and analysis of Voice, Video, and Data Mining of Structure, Un-Structured, and Simi-Structured Data for the use and development of a Common Operational Picture (COP).
- ***Guest Speaker at the National INTEL Conference on Homeland Defense in Las Vegas Nevada:*** Mr. Campbell was one of only two invited guest speakers at the conference who was ask to speak on two different topics. The overall conference hosted a myriad of advanced technology experts in database management, evidence extraction, link determination, telecommunications, voice, video, and data. His subjects were focused on Knowledge Management for INTEL and the Warfighter, and Network Centric Warfare in the Military, INTEL, and Law Enforcement community. Mr. Campbell was also the invited speaker at the 2002 E-GOV conference addressing Knowledge Management in a Network Centric Warfare environment.
- ***Presidential Executive Appointee:*** Mr. Campbell was selected and served as a Presidential Appointee to the Non-Partisan Business Advisory Board of the National Aeronautics and Space Administration (NASA), nominated by the Bush administration having served primarily under the Clinton administration. Mr. Campbell was elected by his peers to serve as the Sub-Committee Chairman for Procurement. In this capacity, he was responsible for the direct review and on-site evaluation of all major NASA project centers as they related to their procurement policy, actions, and activity. Mr. Campbell was further responsible for presenting the Board's policy recommendations to the NASA Administrator and subsequently to Congress.
- ***Guest Speaker at the Brookings Institute Washington, DC:*** Mr. Campbell was invited to speak on the advanced concepts related to Data Mining through the use of Open Source Intelligence. The audience was limited to the senior staff of 13 Embassies. The presentation included a myriad of advanced technologies and the subject focused on Osama Ben laden and Al Qaeda. Mr. Campbell also presented novel concepts for the use of COTS technology for the "Modeling of the Terrorist Mind", along with addressing Knowledge Management in a Network Centric Warfare environment.
- ***Guest Speaker at the US Senate Breakfast Club, US Senate, Washington, DC:*** Mr. Campbell was invited as the key note speaker. He focused his speech on the use of advanced concepts and technologies and the impact of small business on those government programs.
- ***State of Nevada Executive Appointee:*** Mr. Campbell served as the Governor's Appointee to the first Bi-

partisan business advisory board of the State of Nevada. He was nominated by Governor Miller and confirmed by the State House of Representatives. Mr. Campbell was elected by his peers to serve as the Committee Vice Chairman. This was the highest elected position on the Board.

- ***Nevada Small Business of the Year***
- ***Beacon Council/Miami Chamber of Commerce Top 10 Businesses of the Year***
- ***GSA Small Business of the Year / Key Note Speaker GSA Conference***
- ***Key Note Speaker Breakfast Club, U.S. Senate 1996***

PROFESSIONAL AFFILIATIONS

National Naval Officers Association (NNOA)
Retired Military Officers Association (RMOA)
Armed Forces Communications and Electronics Association (AFCEA)
IEEE

PROFESSIONAL EDUCATION

Bachelor of Science in Physics and Mathematics


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COLLABORATIVE TO REVERSE HEALTH INEQUITIES